S. No.

PHYSI-

PLACE OF DEATH	STATE OF MARYLAND
2/	
County Mashenglov	CERTIFICATE OF DEATH
2 0.	Registration Dist. No. 206
Village or City Rear Lengo (No. 9	St.: Ward) (If death occurred in a hospital or institu-
SELLI MANE COSSILIO DA B	tion, give its NAME is stead of street and number.
2FULL NAME XOFFE M. 1Sa	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Married WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Murch 25, 1931
6 DATE OF BIRTH	(Month) (Day) (Year)
2. 1 23 4/1	3/25/3/192 to 3/25/3/192
(Month) (Day) (Year)	that I last saw h ER alive on 3/25/31, 192
7 AGE III LESS than	and that death occurred on the date stated above, at 1/30 Pm.
I day hrs.	The CAUSE OF DEATH * was as follows:
Gd yrs. / mos. 2 ds. or min.?	a Ap.
(a) Trade, profession or	Marinemalilaren
particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	Carenone hver
9 BIRTHPLACE 0	Contributory Wiahter (4ms)
(State or country) fromtheir 60 PA	A. (Duration) A yu nos ds.
10 NAME OF	m I I I I I
FATHER Someel Shank	(Signed) M.D.
M II BIRTHPLACE OF FATHER	Ma, 25 19/3 (Address) Mayneston Q
(State or country) Franklein (0)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
T 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER J. A. T.	At place of death yrsmos. ds. State yrsmos. ds.
(State or country) rankler (a) It	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) 6 / Basser	usual residence
Said And had	19 PLACE OF BURIAL OR/REMOVAL DATE OF BURIAL
(Address) J Muss vang Ma.	Trues Church Cepter Mar 29, 1934
15 Filed Man 27 1921 Ser. W. terauson	20 UNDERTAKER ADDRESS
Registrar	1. 6. Reichard Waynesbood H
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MAN PORT

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(Approved by U. S. Census and American Public Health Association.)

definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Spinner. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screent, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," etc.. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, whatever, write None. Foreman, especially in industrial employments, it is necesyrs). Furm laborer, Luborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Duy many occupations a (b) For persons Automobile factory. The materia who have no occupation single word or term on Locomotive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospital fever (the only definite synonym is "Epidemic kerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever inever report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

stated unless important. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need lefanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haen "Inanition," "Marasmus," "Old Age," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury (Recommendations on statement of cause of death American Medical Association. "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-'Congenital,' "Senile,' etc.), "Dropsy,"
," "Heart failure," "Haemorrhage," Chronic valendar heart disease; Example: Measles (disease etc. The Nomenclature contributory "Shock," Meusles; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1901

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. - (If death occurred in a hospital or institution, give its NAME i stead of street number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE BINDING WIDOWED. (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) 7 AGE IIf LESS than and that death occurred on the date stated above, at/ I day hrs. min.? sen Jacimon - / oxaemia B OCCUPATION ESERV (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Duration) 2 which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed 0 (Address) ... 11 BIRTHPLACE USE *State the Disease Causing Death, Z Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (State or country) Ш 00 ALENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA ients or Recent Residents) In the At place State yrs mos, ds, of death. .yrs......ds. 00 Where was disease contracted, houl if not at place of dea:h? 14 THE ABOVE IS TRUE usual residence DATE OF BURIAL IANS atem Cost ADDRESS 20 UNDERTAKE Registrar If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Nervont, Cook, ployed, as Al school, or Al home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form laborer, (b) Automobile factory. The material For persons who have no occupation Laborer-Coal mine, etc. Wom-Salesman. (b) Locomotive engineer, Grocery;

spinal meningitis"); Diphlheria avoid use of "Croup"; to time and causation), using always the same adopted term for the same disease. Examples: Cerebrosping EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pneumonia, Bronchopneumonia ("Pneumonia, DIS

1931

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

All the

If this certificate is looked over thoroughly and a l qu stions

napproved by Committee on "PUERPERAL septicaconia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, Outrage,
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Careinoma, Sorcomo, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association. telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences ie. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; Nomenclature Measles;

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should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enetc., For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many person, irrespective of Locomolive engineer, (b) Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation, using always the same accepted term for the same dise se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthera avoid use of "Croup!"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy;" "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature carbolic acid-probably smeide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL perilonilis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. as fracture of skull, and consequences le. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; Chronic Never report mere symptoms or terminal condior intercurrent) affection " "Old Age, " "Shock," valvular heart etc. The contributory need disease; not be death

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BINDING

FOR

RESERVED

MARGIN

V. 8. No. 1

PLACE OF DEATH	03572 STATE OF MARYLAND
County Washington	(31) CERTIFICATE OF DEATH
WITHH CORPORATE LIMITS CO	Registration Dist. No. 302
Village or City 10 ages shows 20 16	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Varuell	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR - B. Grander Wirth Control of Cont	16 DATE OF DEATH 3/30 , 192 3/
6 DATE OF BIRTH 7/104 /2 , 1842	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw hall alive on 3/30-, 1923/,
SPyrs. Omos. Ads. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Chruic Endo Carditis + Replicitis
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) Mew Hort	Contributory Secondary (Duration) yrs
10 NAME OF FATHER THE Blue	(Signed) Tichin Duiller M.D.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER CLEANING	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
1S BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Sury B. J. Slew	Former or usual residence
(Address) Zo Broadway	Ross / Lill 4/1. 193/
Filed H-1- 1823/ Washington	Busties the Hasenston
lf more bianks are needed, address State Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesmon. (b) Grocery; (a) Foreman, (b) Automobile foctory. The material whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary, may be entered as Housewife, House-work, or At Home, and children, not gainfully emer," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary firemon, etc. But in many the first line will be sufficient, e. g., Furmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the doborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, tion applies to each and every For many occupations a single word or term on yrs). Farm laborer, For persons who have no occupation Luborer-Coul mine, etc. Womperson, irrespective of Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homiesde: Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Exhaustion," "Heart tanure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of Examples: Aecidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature

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STATE OF MARYLAND—CERTIFICATE OF DEATH 03573

1. PLACE OF DEATH				Registration Dist. No. 302
				No. 19 E. Baltimore St. St. 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in o	ity or town where	death occurred£	7yrsmos	ds. How long In U.S.if of foreign birth?yrsmos ds
2. FULL NAME	Lewis	D. Bowa	rd	
(a) Residence: No.	229 Fr	rederick (Usual place		St., Sward. If nonresident give city or town and State
PERSONAL AI	ND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
	or or race	5. SINGLE, MAR ORIDIVORCE	RIED, WIDOWED,	21. DATE OF DEATH March 7 (Month) (Dey) (Year)
a. If married, widowed, or div HUSBAND of (or) WIFE of	orced Bark	oara Bow	ard	22. ! HEREBY CERTIFY. That I ettended deceased from 19
S. DATE OF BIRTH (month, d	and year Ja. Y	1. 1. 1	.864	I last saw h alive on, 19; death is sai
AGE Years 67	Months 1	Days 7	If LESS than 1 day,hrs. ormin.	to heve occurred on the dete stated above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				Found dead Apparently died Friday night Other Contributory Causes of Importance:
Ē	ph Bowar Md	rd		Name of operation Oate of Oate
14. BIRTHPLACE (city or (State or country)		*****		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susan Barnhart 16. BIRTHPLACE (city or town)				23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs. Barbara Boward (Address) Hagerstown, Md.				Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Burial Place Rose Hill Cemet Date Mar. 10, 1931				Manner of injury
19. UNDERTAKER Fred W. Kraiss. (Address) Hagerstown, Md.				24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3-10-	, 19316h	altBo	Registrar.	(Signed) FUTH 10 Hage State Address) Hage State Lower And

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example TELVE		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis BURRATI V S	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis DUREAU V. S.	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago	
	·		-,	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 yeor	
			1	

PLACE OF DEATH County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3.66
Village or City Cavelowino. Mo. Mo. 2FULL NAME Phyllis Rebecca	St.: Ward) (If death occurred in a hospital or institution, give its NAME in the stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Aut Single. MARRIED, Single MARRIED, Single OR DIVORCED (Write the word)	16 DATE OF DEATH 3 /2 , 1923 ((Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h & alive on 3 12 , 1923/
7 AGE If LESS than I dayhrs. ds. ormin.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) & authorwwww.	Contributory Alwolus Sprenson Contributory Alwolus Sprenson Contributory Cough Cont
10 NAME OF FATHER Lester. Burguser 11 BIRTHPLACE OF FATHER (State or country) Survitar burg and 12 MAIDEN NAME OF MOTHER Mutto Eller. Keller	(Signed) M. D. M.
13 BIRTHPLACE OF MOTHER (State or Country) Seauctarum sud	At place of deathyrsmosds. In the Stateyrsmosds.
(Informant) Letter. Burgesser (Address) Smith burgesser (Address) Smith burgesser (Address) Smith burgesser (Registra)	18 not at place of dea.h? Former or usual residence A9 PLACE OF BURIAL OR REMOVAL Muthory Ceruity March 4, 19.3
if more blanks are needed, address Ltate Negistrar	, 16 W. Saratoga St., Baltol, Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (r state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation But in many

s; inal meningitis"); Dinhlheria (avoid use of "Croup" Typhoid fever (never report "Typhoid Pneumonia" fever (the only definite synonym is "Epidemic cerebroed term for the same dise.se. Examples: Cerebrospinul to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respe-Statement of Cause of Death-Name, first, the DI pneumonia, Bronchopneumonia ("Pneumonia

> st_ted unless important. Example: Measles (disease tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E.haustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptom-Chronic interstitial nephritis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJULY Never report mere symptoms or terminal condi-" "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic etc. valvular heart disease; Nomenclature The contributory Measles ;

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all questions

No. 1

STATE OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
----------	-------	------	---------	------	----	-------

1. PLACE O	F DEATH ,	4		93-0	0 2
· County Wishington				Registration Dist, No.	
Village or	city Lager	town		No. 10elline St., St., of death occurred in a hospital or institution, give its NAME instead of street and	Wa Wa
Langth of res	ildence in city or town where	e death occurred	× 0	ds. How long In U.S. if of foreign birth?yrs	
2. FULL NA	ME John	13	ush.		
(a) Reside	1 10	of man	2	St. 5 Ward.	
(a) Keside		(Usual place	e of abode)	If nonresident give city or town at	d State
PERSO	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE		RRIED, W10 OWED, ED (write the word)	21. DATE OF DEATH March (Month) (Oay)	, 193. (Year)
a. If married, widow HUSBANO of				22. HEREBY CERTIFY, That I attende	d deceased fi
(or) WIFE of	Kuk	wows	1	man 1, 1931, 10 man. 1	
DATE OF RIPTH	(month, day, and year)			I last saw harmalive on Mary, 16, 193,	
	ars Months	Days	If LESS than	to heve occurred on the date steted above, et	
about	60		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	,
8. Trede, profe	ession, or particular	01	U1 IIIII.	were as follows:	Oate of on
kind of	work done, as SPINNER, R, BOOKKEEPER, etc	Hon		Curpung Rectoris	
9. Industry or work wa	business In which as done, as SILK MILL, LL, BANK, etc			Chrome Days candesis	1.75
3 1	sed last worked at	11. Total	time (years) ant in this		
year)	Landa	enmo	mation	Other Contributory Causes of importance:	
z. BIRTHPLACE (c	ity or town)			Gent axteroselerous	2 4.50
(State or cou	intry)	yland			
13, NAME		wkno	m	(Tours iland in bad)	**
14. BIRTHPLAC	E (city or town)	١,		Name of operation Date of	
(State o	r country)			What test confirmed diagnosis? Was there ar	autopsy?
15. MAIOEN NA	AME	12		23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
-)	E (city or town)			Accident, suicide, or homicide? Date of injury	, 19
(State e	r country)			Where did injury occur?	
7. INFORMANT	m. Fran	atown	ash	(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC F	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury			
Plece . 74	aggratour	1 Oato Mar	A 2/193.1	Nature of injury	
9. UNDERTAKER	Satt	1 Mr	iniels	24. Wes disease or injury In any wey related to occupation of deceased?	
0. FILEO 3-	2/- 193/69	hadth	Beiers	(Signed) ND Campbel	N

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes Date of enset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	APR 6 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V	July 5, 1927	Peritonitis	3 days ago	
		- Annahaman manahaman manahaman manahaman manahaman manahaman manahaman manahaman manahaman manahaman manahama		•	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm tavorer, receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation -- Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Luborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Automobile factory. The material For persons who have no occupation Locomolic engineer, 6) Grocery; Day

Statement of Cause of Death—Name, first, the DISmase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same dise..se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinhtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> I accident; Revolver wound of head-homicide; Poisoned by tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uruemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the as fracture of skull, and consequences e.g., sepsis, (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarconu, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic valendar heart disease; Example: Measles (disease etc. The contributory Measles ; death " elc.

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1931

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the pistaks: Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphial fever (the only definite synonym is "Epidemic cerebrosphial meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Sr. Bearday

"Exhaustion," "Heart range," "Old Age," "Shock," atic), "Atrophy," "Collapse." "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sorcoma, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicuennia," "PUERPERAL peritonilis," etc. "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mcrcly symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; Chronic unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as or intercurrent) affection need ctc. The contributory valvular heart disease; Nomenclature not be ctc.; of

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APR 6

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in HYSICIANS St:.....Ward) a hospital or institution. RECORD give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) ORDIVORCED I HEREBY CERTIFY. That I sttended deceased from 17 S DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS then on the date stated above at 6 1 day, hrs. OR min. ? properly BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. pe supplied business, or establishment in UNFADING which employed (or employer) Contributory.... State or country (Secondary) (Duration) 10 NAME OF (Signed 50 back 11 BIRTHPLACE FNI OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER Instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place in the OF MOTHER ot death ____ yrs. ___ mos. ___ ds. State yrs mos. DEATH Where was disease contracted. If not at place of death? Former or (Intermant X OF usual residence mportant. Every It DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Leaithfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical zer" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report

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certificate.

See Instructions on back of

statement of

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should be stated EXACTLY it may be properly classific BINDING that it may be FOR TH UNFADING INK--THIS MARGIN RESERVED

M	HYSI- Exact	1PLACE OF DEATH County Washing
	. pe	County W W

03579

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 305

Village or City Boonstoro (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME adelia Coul	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeruale Thite (Write the word)	16 DATE OF DEATH March 4k, 193 (Month) (Day) (Year)
Assurany - 20, 1837 (Month) (Day) (Year)	Fule_ 18" 192/ to Mar 4" , 192/, that I last saw h ev alive on mar 3 , 192/,
7 AGE If LESS than 1 day hrs. /4 de. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Leule Gengreul.
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE	Contributory Secondary (Duration) yre mos / de. (Contributory Secondary (Duration) yre mos ds. (Signed) (Address) (Address)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Clarista Mead.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) Miss Libbie Coulding (Address) Brownstone Md. Filed March 6. 1981 William A. Bask	19 PLACE OF BURIAL OR REMOVAL Brokelon, 7, 4, March, 8, 19.31. 20 UNDERTIKER ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchapneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved as fracture of skull, and consequences (e.g., sepsis, (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma, peritonaeum, etc., Carcinoma, Sarcoma, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease etc. The contributory ," "Convulsions, Measles; etc., of

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No.

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	PLACE OF DEATH Washington County		03580	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 00
Vil	llage or City Sharpsburg (No. 2FULL NAME Charles H		ney	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
-	PERSONAL AND STATISTICAL PAR	TICULARS	MEDIC	AL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE SINGLE, MARRIE WIDOWS OR DIVO	comarried RCEO RWORD)	1	Mar 12.1931 , 192
6 1	July 11 (Month) (D	, 1869 (Yeur)	17 I HEREBY	CERTIFY, That I attended the deceased from 1987, to March 12, 1981, addition on 1981, 1981,
	61 8 1 		The CAUSE OF DEAT	red on the date stated above, at 6.25 Pm. TH * was as follows: At le lyse lets
(P (b	a) Trade, profession or carticular kind of work b) General nature of industry business, or establishment in which employed or (employer)	*************************	Poleli	(Duration)yre mosde.
_	BIRTHPLACE (State or country) Maryland 1 10 NAME OF		Contributory Secondary	(Durstion) J. yrd mos de.
FATHER James Delauney		0	1 (Address) Slupshing Jab.	
RENTS	OF FATHER (State or country) AND MALESTAN NAME		*State the I) Violent Causes, st Accidental, Suicidal	is ase Causing Death, or, in deaths from ate (1) Means of Injury and (2) Whether or Homicidal.
PAR	of Mother Sarah Mose			SIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or Country)		At place of deathyrs	racted
14	THE ABOVE IS TRUE TO THE BEST OF MY K	NOWLEDGE	if not at place of dea.	h?

(Informant)Mrs Myrtle Delauney

(Address)

Sharpsburg

Md

DATE OF BURIAL

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registra

Former or usual residence

Albert

19 PLACE OF BURIAL OR REMOVAL

Sharpsburg 20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer face or given up on account of the DISEASE CAUSING DEATH gaged in doniestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation not gainfully em-9 Grocery,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Diphtheria fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the causc. "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY cough; Committee on Chronic etc. The contributory affection need valvular Nomenclature Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

JARGIN RESERVED

V. S. No. 1

3-10

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03581
1. PLACE OF DEATH	(12-L)
County Washington	Registration Dist. No. 302
Village or City Hagerstown	NoWashington County Hospital S Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurredyrs,mos.	ds. How long In U. S. If of foreign birth?yrsmosds.
2. FULL NAME Mary Ellen Duffey	
(a) Residence: No. 110 S. Mulberry - Hager (Usual place of abode)	ston 3 Ward.
	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Narch 8, 193 1. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Duffey	22. Jau. 28 1931 to Weard 8 1937
00+ 31 1002	March 8 1931 death is said
6. DATE OF BIRTH (month, day, end yeer) Oct. 31, 1882 7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 12:15 Pm. M.
48 4 8 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin,	were as follows: Daty of offset .
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. Home Work	Accuiplegen entire left side 3/5/31
SAWYER, BOOKKEEPER, etc. Home Work 9. Industry or business in which	Huntegen regul side \$18/31
work was done, as SILK MILL.	from squaflows condition
0 10. Data deceased last worked at 11. Total time (years)	Cound by rufture of bessell in
this occupation (month and spent in this year)	the interno Copsule
12. BIRTHPLACE (city or town) Mt. Holly Springs (State or country) Pa.	Other Contributory Causes of importance: Lectural educa 7 3/8/31 Reside Corden facture
# 13. NAME John A. Snavely	acute corres
14. BIRTHPLACE (city or town) (State or country) Pa	Name of operation dy Sterecerus for february Date of 3/2/31. What test confirmed diagnosis of hypreste fluder was there an autopsy? 40
置 15. MAIDEN NAME Charlotte Kieffer	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Charlotte Kieffer 16. BIRTHPLACE (city or lown) Frederick, Md. (Stata er country)	Accident, suicide, or homicide?
17. INFORMANT Richard Duffey, (Address) Hagerstown, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Burial	Manner of Injury
Plece Rose Hill Cemetoate Mar. 10,1931	Nature of injury
19. UNDERTAKER Fred W. Kraiss (Address) Hagerstown, Md.	24. Was disease or injury in any wey ralated to occupation of deceased?
3-10 31- Plan A Rouges	(Signed) John Brunchak M.D.

(Address) 170 W. Workingtons Y. Stagarlow & If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier-morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
APR 6 1931	1915	Attack of epilepsy	1 week ago	
phritis	1921	Run over by street car	1 week ago	
BUREAU V.B.	July 5,1927	Peritonitis	3 days ago	
causes of importance:		Other contributory causes of importance:		
	of death and related causes as follows:	of death and related causes as follows: 1915 phritis 1921 July 5,1927	of death and related causes as follows: The principal cause of death and related causes of importance were as follows: Attack of epilepsy phritis 1921 Run over by street car July 5,1927 Peritonitis	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset ends. Vaccular - Rend What test confirmed diagnosis?_____ Was there an autopsy?_____ 23. If death was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased?_____ gardlowy //19: (Address) _ Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Day)

(Yaar)

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Example EIVED		Example II	
The principal cause of death and related causes of importance were as follows: 6 1931	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis UREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
the state of the s	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 16 W. Saratoga St.,

(Approved by U. S. Census and American Public Health Association.)

business, that faet may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death definite salary), may be entered as Housewife, House on at home, who are engaged in the duties of the whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Ceal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laboret," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (5) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, (a) Foremen, (b) Automobile factory. should be used only when needed. Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, c. g., Farmer or Planton, tion applies to each and every person, irrespective of eupation is very important, so that the relative healthfulness of various parsuits can be known. The ques-Statement of Occupation-Precise statement, of oc-For many occupations a single word or term on without more precise specification as Day As examples: (a) The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synodym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (c. g., ecpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbol'e acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably and qualify as accidental, suicidal, or momicidal, or taken. For VIOLENT DEATHS STATE MEANS OF INJURY "Puenperal seplicaemia," "Puenperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," State cause "Uraemia," "Weaknes;" etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," vulsions," "Debility" ("Congenital," "Senile," etc.), ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Meastes (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" inges, peritonaeum, etc., Carcinomu, Sarcomu, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection Whooping cough; .. (name origin; "Cancer" is less definite; avoid "contributory." Accidental drowning; Struck by railway such, if impossible to determine definitely. for which surgical operation was underfor malignant neoplasms); Chronic valvular heart disease; (Recommendations on state-"Anaemia" "Coma," need not be "Haemor-Mousics; (merely (second-"Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is assential and must be obtained before the tertificate is permanently filed.

1931 U V BINDING

FOR

RESERVED

MARGIN

1	03584
PLACE OF DEATH	STATE OF MARYLAND
County (/askinglow	CERTIFICATE OF DEATH
WITBIN PROPOSATE LIVITO OF	210 - M Registration Dist. No. 302
Village or City Hary Moure (Not Vache	or lossitast. 3 Ward) a hospital or institu-
	Econolis (in steed and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH 777 1 19 21
Male White Wilder on an indicate	11 gren 21 , 1921
The second secon	(Month) (Day) (Year)
6 DATE OF BIRTH	3-23 1931 to 3-29 1931
(Month) (Day) (Year)	that I last saw h / M alive on 3 - 28 1951,
7 AGE (MULL) (Day) (Test)	230 A
l day hrs.	and that death occurred on the date stated above, at
yrs. mos. 4 ds. or min.?	Fracture of SKull
B DCCUPATION (a) Trade, profession or	(accidental - Outo avertured)
particular kind of work havover	
(b) General nature of industry business, or establishment in	7
which employed or (employer)	(Duration)yrs,mos,/ ds,
9 BIRTHPLACE (State or country)	Contributory Secondary
maryland	(Duration) yrs mos ds.
FATHER OLINE, P. ENTINES.	(Signed) Jobert 1. Courad M. D.
II BIRTHPI ACE	3-30 1931 (Address) I tagerstoury, Md.
Constant Control of State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME 7	Accidental, Suicidal or Homicidal.
of MOTHER Marg, M Navis	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place 7 In the 7
(State or country) (Sent 12	of death yrs mos des. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Man Esamolo	Former or 3 Leven Store, Stagerstown, Md.
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) U LESCOY 45	Rose / Tell 3/3/, 1901
15 51 3-3/- 192/ 1/2 HASowers	20 UNDERTAKER ADDRESS
Piled Registrar	Elley ter type Hagerdon
If more branks are needed, address State Registrar	16 W Santage St. Balto Paguagting V. S. No. 7.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. Womtired 6 ins). For persons who have no occupation (business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect. the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on Locomotive engineer, But in many ,""Deal-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronohopneumonia ("Pneumonia");

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by Committee on Nomenclature (Recommendations on statement of cause of carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms; (name origin; "Cancer" is less definite; avoid American Medical Association.) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-The n .ture of the injury, etc. The contributory Measles; death

If this certificate is looked over thoroughly and al quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6

WRITE PL

00

PLACE OF DEATH
County Washington

03585

STATE OF MARYLAND CERTIFICATE OF DEATH

91-a

Registration Dist. No. 305

Village or City / apleurlle (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WINDSHED, OR BIVORCED (Write the word)	16 DATE OF DEATH March. 24", 193/ (Month) (Day) (Year)
6 DATE OF BIRTH (Months (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to men 747, 1931, that I last saw h canalive on men 17, 1921,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
occupation (a) Trade, profession or Stone Cutter particular kind of work	acute myscarlitis
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 4 mos. /8 ds.
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE	(Signed) Jouleur M.D. M.D. M.D. M.D. M.D. M.D. M.D.
OF FATHER Z (State or country) Maryland	*State the lis-ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother anglian 5 types	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Manufact	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of doa h?
(Informant) Mrs. Ella J. Faulder	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mapleville Md	Bearing Creek Cemetary March 26, 19-31.
15 Filed March 76 1931 William D. Bast	20 UNDERTAKER Besto Se. Bossies, Ind

(Approved by U. S. Census and American Public Health Association.)

laborer, Form loborer, Loborer—Coul mine, etc. Wom-en at home, who are engaged in the duties of the definite salary), may be entered as Housewife, Housefulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Solesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed g ged in domestic service for wages, as Servent, Cook worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, tle first line will be sufficient, e. g., Farmer or Planter, r," etc., report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Doy Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemie eerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIStime and eausation), using always the same pncumonia, Bronchopneumonia ("Pneumonia, aecept-

> stated unless important. Example: Measles (disease diseases resulting from ehildbirth or misearriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the eause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on tplanus) may be stated under the head of "eontributory." Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic affection need not be etc. valvular Nomenclature The contributory heart disease;

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all quistions

PLACE OF DEATH	03586 STATE OF MARYLAND
County Wash un shi	CERTIFICATE OF DEATH
WITHIN COSPOSATS LIMITS OF	Registration Dist. No. 302
Village or City Hyerluno. 219 2FULL NAME Lynn Elwood	James St.: 5 Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married, Wilder Wilder (Write the word)	16 DATE OF DEATH Mach 16, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
March 16, 183/ (Month) (Day) (Year)	that I last saw h
Just born If LESS than 1 day hrs. or min.?	and that death occurred on the dete stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	······
which employed or (employer)	(Durstion)ds.
9 BIRTHPLACE (State or country) Thick	Contributory Secondary
10 NAME OF James Faulder	(Signed) To Ge Jention yrs mos ds. (Signed) M. D. March 17 1931 (Address) Hyerology May
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME ()	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lorella Cultury	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) James Famelin	Former or usual residence
(Address) / Huzenbur	Stand Cemeley March 1931
15 Filed 3-17- 193/ 6 houth Sowers Registrar	alvey Dog Shuff Clearffring
If more bianks are needed, address State Registrar	, 16 W. Saraloga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servont, Cook, definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative healthnature of the business or industry, and therefore an tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, Loborerwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The -Coal mine, etc. Womnot gainfully em-The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was understated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencough; Chronic valvular etc. The contributory heart discose;

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If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.A.

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmar (reor given up on account of the DISEASE CAUSING DEATH. household only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Housemaid, etc. If the occupation has been changed ," etc., without more precise specification as Day borer, Farm laborer, Luburer—Coal mine, etc. Wom-Foreman, (b) Automobile fuctory. The material For many occupations a single word or term on or At Home, and children, not gainfully emirs, (b) Cotton mill; (a) Salesman. Stationary fireman, etc. But in many For persons who have no occupation Architect, person, irrespective of Locomolive engineer, (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept of term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., Carcinoma, Sarcoma, telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or terminal condi-" " Marasmus, " "Old Age, intercurrent) Chronic The nature of the injury, affection etc. The vulcular heart need contributory " Shock," disease; Measles; not be etc., of

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Xaoci Xaoci	PLACE OF DEATH	STATE OF MARYLAND
C A X	County Washington	(159) CERTIFICATE OF DEATH
> 2	WITEIN COSPOSATS LIMITS OF	Registration Dist. No. 50 2
CTL CTL	Village or City Hagenstown (No. 1) asl. Cu.	Hospital St.: Ward) a hospital or institu-
CORD od EXACT erly class rtificate.	2FULL NAME Still Born Chi	July out to steed of street and number.)
stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0 000	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, SI'N STO OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
7 2 6 5 5	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
- w	18p1, 2 m M	Mary 5 1931. to Mary, 5, 193/,
S A ACE that	(Month) (Day) (Year)	that I last saw he alive on Mary 3
H	7 AGE If LESS than 1 day /2 hrs.	and that death occurred on the date stated above, at
	yrsmosds. ormin.?	The Cross of Beating was as follows:
\$ 5 ≈ 6	8 OCCUPATION (a) Trade, profession or	Transtury - 4 months
INK-	particular kind of work VION	gestation
RES I G I I I I I I I I I I I I I I I I I	(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
~ 5	which employed or (employer)	Contributory
MARGIN RE UNFADING build be carefu F DEATH in very importan	(State or country)	Secondary (Durstion) yrs. mos. ds.
AR JNF	10 NAME OF FATHER	(Signed) M. D. Can tryll M. D.
MA TH U shoul E OF	TI BIRTHEI ACE	May 6 192 L. (Address) Hay sea lowery MA
N N N N N N N N N N N N N N N N N N N	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from
atlo	12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PL. LY, The Information of State CAUSI	of MOTHER Marcaret nagy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
Inform state	13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs mos ds.
	(State or Country) New MC	Where was disease contracted, from in Abeption to at place of death?
ITE Fem o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
WRITE y item NS sho	(Informant) JOMM FILIPOYOLS	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
WRITE Fevery item of CIANS shoul	(Address) Security, Md.	Has erstown, md Marle, 131
M M M M M M M M M M M M M M M M M M M	Filed 36 - 192 / Blast Bours	20 UNDERVAKER ADDRESS ADDRESS ADDRESS ADDRESS
Þ. Ž	If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Md
Dr Carry	Shell.	

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer tre-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many (b) Automobile factory. The material

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis Typhoid fever (never report "Typhoid Pneumonfa"); pneumonia, Bronchopneumonia ("Pneumonia,

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory

permanently filed. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

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7.

MOTHER FATHER

	MAR	YLAND-	CERTIFICATE OF DEATH	4 (3589
1. PLACE OF DEATH			(31)	307
County Washingt			Registration Dist.	No. 302
Village Dr City Hagersto	WILLIAM OF	(If	No. 407 W. Antietam St. fdeath occurred in a hospital or institution, give its NAME instr	St., Ward
Length of residence in city or town where dea	th occurred	yrsmos	sds. How long in U.S. if of foreign birth?	_yrsds.
2. FULL NAME Charl	es Will	iam Fore	eman Jr.	
		am St.	St., 2, Ward.	city or Iown and State
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF	
3. SEX 4. COLOR OR RACE SMale White	s. SINGLE, MARI OR DIVORCE! Singl	RIED, WIDOWED. (write the word)	21. DATE OF DEATH March 8,	(Day) , f93 1 • (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, T	That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	by. 6,	1875	1 last saw h. 44 alive on 3/8 —	f93/_; death is sald
7. AGE Years Months 56 1.	Days 2	If LESS than f day, hrs. or min.	to have occurred on the date stated above, at 11 P The PRINCIPAL CAUSE OF DEATH and related causes of were as follows:	Importance
9. Industry or business in which	Laborer		Chrom C Endo Care	
work was done, as SILK MILL, SAW MILL, BANK, etc		me (years) tin this pation		
12. BFRTHPLACE (city or town) Book (State or country) Md.	nsboro		Dther Coutributory Causes of importance:	
TI 13. NAME Charles W.	Forema	n		
13. NAME Charles W. 14. BIRTHPLACE (city or town) Hed, (State or country)	gesvill	e, W. Va	Name of operation	
# 15. MAIDEN NAME Mary J.	Fox	=======================================	23. If death was due to external causes (VIOLENCE) fill in a	
T -	sboro		Accident, suicide, or homicide? Date of the suicide injury occur?	of injury, 19
17. INFORMANT Harry Fore (Address) Hagerstown.			(Specify city or town Specify whether injury occurred in INDUSTRY, in HOME, o	, county and State) or in PUBLIC PLACE.
f8. BURIAL, CREMATION, DR REMOVAL Bur Place Rose Hill Ceme	ial	11,19.31	Manner of injury	
19. UNDERTAKER Fred W. Kra. (Address) Hazerstown.			24. Was disease or injury in any way related to occupation If so, specify	of deceased? 740
3 - 00	1/1	1 -	1. Way Due	

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related cause of importance were as follows:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis APD G INT	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage RIII NAII VIC	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Washington	Registration Dist. No. 302
Village or City	No. Beliance St., 5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sennie Gants	
(a) Residence. No. Beline	St., 5 Ward.
(Usuai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May, (Month) (Day) (Year)
30. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of Anknown	22. I HEREBY CERTIFY, That I attended deceased from Mary, 7, 1931, to Mary, 9, 1931
C DATE OF BIRTH (month day and month	I last saw h alive on
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm
about 90 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows: Date of onset
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	(Uremic Coursesions) Mar. 7/3,
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc.	
ID. Date deceased last worked at this occupation (month and yaar)	
yawy Vodaputvii	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	n. + -
	Mas seem for first have an consularon
E	Jo Homa try coma
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What tast confirmed diagnosis?. See Confirmed Was there an autopsy?
Ξ -	23. if death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Mr Franch Wlaik	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT PROPERTY (Address)	openly whether injury occurred in the botter, in home, of the belief peace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plage agystown Date 1/0 ,193/	Natura of injury
19. UNDERTAKER SCOTT 7. Munuch	24. Was disease or injury in any way related to occupation of deceased?
(Address) Raguatown Md.	If so, specify (Signed) (Signed) M. D.
20. FILED 3-10, 1831 PROSTTOOWER Registrar.	(Address) Hagaratury Md
If more blanks are needed, address State Revistrar	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	CEIVE	= -	Example II	
The principal cause of death and re of importance were as follows: Arteriosclerosis	elated causes PR 6 1931		The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis		1915	Attack of epilepsy Run over by street car	1 week ago
Cerebral hemorrhage BU	REAU V	July 5, 1927		1 week ago
Common Road of State Common Ro		3		
Other contributory causes of impor-	tance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Vil	lage or Cit	y	_ (No. 574	ence
	2FU	LL NAME Sam	III as	i Ho
	PERSO	NAL AND STATISTIC	AL PARTICU	ILARS
3 5	EX	4 COLOR OR RACE	MARRIED WIDOWED, OR DIVORCED	RENTE
77	ATE OF BIE		(Write the word)	
0 L	DATE OF BIR	Sept (Month)	(Day)	, 184 (Yes
7 A	GE	(Month)	(Day)	III LESS t
				1 day
p (1	usiness, or	nature of industry	***************************************	
) b b b c d d d e	a) Trade, piratticular kir bir atticular kir bir	rofession or and of work stablishment in syed or (employer). DE CONTROL OF C	rmer earha	orm
~() と と と り と り と り と り と り と り と り と り と	a) Irade, piratticular kir bir atticular kir business, or cychich employ sirthplace (State or control of the co	rofession or and of work mature of industry setablishment in syed or (employer)	rmer earha	• or
PARENTS 6	10 NAME (FATHER 11 BIRTHPI OF MOT (State or	or rofession or rod of work	earha	, or

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)Ward)

L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE. MARRIED WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH TO YCh 3, 1920
Sept (6 , 1847) (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1931, to May 3, 1231, that I last saw h May alive on May 3, 1331,
3 yrs. 5 mos. 8, ds. or min.?	and that death occurred on the date stated above, at
ssion or of work re of industry blishment in	Browns - Premise a
or (employer) . 3 armer.	Contributory Secondary (Durstion) yis mos ds.
Tarkin Gearhart	(Signed) Se. R. Miles M.D. M.D. Mar 5- 198 1 (Address) Mosn - Dikin Ra
ountry) III d	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
No Record	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
entry) '\ 13	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
True to the best of MY KNOWLEDGE	if not at place of death? Former or usual residence Year catle P. h.
for Hagardown, 17d	Broad waying ITTO THAY 5, 1931
5- 1923/ Chast Bowers Registrar	THEOXIMAN Kagovstown
If more branks are needed, address State Registrar	, 16 W. Saratoga Sa, Balto., Requesting V. S. No. 1.

S. No.

WRITE

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lug laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on especially in industrial employments, it is neces-Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Typhoid pneumonia, Bronchopneumonia ("Pneumonia,"

unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, (secondary American Medical Association.) letanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be ass important. Example: Measles (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	11359% STATE O
County Washingloy	/ CERTIFICA
	46 Registrati
Village or City Term May (No.	
Village or City Jenn May (No.	St.: W
2FULL NAME annie Lee 4.	reenwood
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICAT
demale White Single, widowed, or Divorced (Write the word)	16 DATE OF DEATH March (Mouth)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I
Oct 23 1862	Jan / 192/. to
(Month) (Day) (Year)	that I last saw h Malive on
7 AGE [If LESS than	and that death occurred on the date st
68 yrs. 4 mos. 17 ds. or min.?	
b occupation mos. ds. or min.	0
(a) Trade profession or //	Carrett of
particular kind of work Bouse Work (b) General nature of industry	
business, or establishment in	(Duration)
Which employed or (employer)	Contributory
(State or country) New Winson Ind	Secondary
10 NAME OF	(Duration)
FATHER William Greenwood	(Signed)
II BIRTHPLACE OF FATHER	192 3 (Address)
Z (State or country)	*State the Disease Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For H
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathyrsmos,ds.
(State or Country) 14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	Former or
(Informant) Am Jama Wertbaugh	usual residence
(Allen) Per large had	19 PLACE OF BURIAL OR REMOVAL
(Address) Fly May Ma	Durns Oill Comm
Filed Mar 13 1931 Set It Teiguson Registrar	76 Grove + Sor
If more blanks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting

7	ST	ATE	OF	MAI	RYL	AND
(CER	TIFI	CATI	E O	F DI	EATH

Registration Dist. No. 306

St.: Ward	tion, give i	or ins	titu-
	stead of number.)	street	and

Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Signed) (Duration) (Signed) (Signed) (State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicial. B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos death? (Where was disease contracted, not at place of death? (Sommer or Issuel residence) 9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL BUMM Sull Community 3 13, 193.	MEC	ICAL CERT	TIFICATE O	OF DEATH	
I HEREBY CERTIFY, That I attended the deceased from 192 / . to	16 DATE OF DEA	rt mar	ch	10	193/
That I last saw h lalive on Man 10, 193, and that death occurred on the date stated above, at \$3.00 mind that death occurred on the date stated above, at \$3.00 mind that death occurred on the date stated above, at \$3.00 mind the CAUSE OF DEATH * was as follows: (Duration)			(Month)	(Day)	(Year)
Int I last saw h lalive on Man 193 and that death occurred on the date stated above, at \$30 pm The CAUSE OF DEATH * was as follows: (Duration) yrs. mos. d. (Duration) yrs. mos. d. (Contributory Secondary (Duration) yrs. phos. d. Signed) M. I. *State the Piscase Causing Death or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents) At place ideath yrs. mos. ds. Where was disease contracted, not at place of death? Ormer or cormer or sual residence. 9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL BUMM Sell Community 3 13.	17 I HERE	BY CERTIFY	, That I att	ended the d	eceased from
Int I last saw h lalive on Man 193 and that death occurred on the date stated above, at \$30 pm The CAUSE OF DEATH * was as follows: (Duration) yrs. mos. d. (Duration) yrs. mos. d. (Contributory Secondary (Duration) yrs. phos. d. Signed) M. I. *State the Piscase Causing Death or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents) At place ideath yrs. mos. ds. Where was disease contracted, not at place of death? Ormer or cormer or sual residence. 9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL BUMM Sell Community 3 13.	Jan/	192	. to	mar 1	0 , 198
Contributory Secondary (Duration) (Durat		Calive on	m	20/11	1802
Contributory Secondary (Duration) (Durat	and that death oe	eurred on the	date stated	above, at	20 Pm
Contributory Secondary (Duration) (A) (Duration) (Duration) (Duration) (Duration) (Duration) (A) (Duration) (Duratio	The CAUSE OF D	EATH * was a	s follows:		
Contributory Secondary (Duration) (A) (Duration) (Duration) (Duration) (Duration) (Duration) (A) (Duration) (Duratio				7.1	
Contributory Secondary (Duration) (A) (Duration) (Duration) (Duration) (Duration) (Duration) (A) (Duration) (Duratio	(an	een a	al l	ne	
Contributory Secondary (Duration) (A) (Duration) (Duration) (Duration) (Duration) (Duration) (A) (Duration) (Duratio		,	1		
Contributory Secondary (Duration) (A) (Duration) (Duration) (Duration) (Duration) (Duration) (A) (Duration) (Duratio	1-1000000000000000000000000000000000000				
Contributory Secondary (Duration) (A) (Duration) (Duration) (Duration) (Duration) (Duration) (A) (Duration) (Duratio		(D	uration)	VI8	nosdı
Signed)				*****	••••
*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos death yrs		O(r)	Juration	A 4170 /1	hos de
*State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos ds. Where was disease contracted, not at place of death? Former or issual residence DATE OF BURIAL OR REMOVAL Burns Bull County 3, 13, 193.			Wr/	melle	al l
*State the Niscase Causing Death or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place feath yrs mos de. Where was disease contracted, not at place of death? Former or Estate State yrs mos des State State Acceptable of Burial Commetty 3, 13, 193.	(Signed)			PO	М. Г
Accidental, Suicidal or Homicidal. B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos, ds. Where was disease contracted, for not at place of death? Former or usual residence of death? BURIAL OR REMOVAL DATE OF BURIAL Burns bull Committy 3, 3, 193.	may /2 19	2. KAddress) 1/2	ypes	Lowy
ients or Recent Residents) At place In the State yrs mos ds. Where was disease contracted, for at place of death? Former or isual residence DATE OF BURIAL Burns bell Country 3, 3, 193.	*State the Violent Causes, Accidental, Suicidental	ibisease Cat state (1) M dal or Homicid	using Death Means of In	or, in dej jury and (2	aths from) Whether
At place In the State yrs mos ds. Where was disease contracted, not at place of death? Former or issual residence DATE OF BURIAL OR REMOVAL Burns bell Country 3, 193.	18 LENGTH OF	RESIDENCE	(For Hospi	tals, Institut	ions, Tran
Where was disease contracted, not at place of death? Ormer or issual residence P PLACE OF BURIAL OR REMOVAL Burns bell Country 3, 193.	ients or Recent	Residents)	200		
From at place of dea.h? Former or sound residence 9 PLACE OF BURIAL OR REMOVAL Burns bell Connety 3, 193,	At place of deathyrs	mos,ds,			mosd
Burns bell Country 3/3, 193.	Where was disease of if not at place of	contracted, dea.h?	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Burns /bell Commetry 3/13. 1931	Former or usual residence	**********		400000000000000000000000000000000000000	
	19 PLACE OF BUR	RIAL OR REM	OVAL	DATE OF	BURIAL
	Burney	4010	t	1 3/,	2 . 19.3 /
	20 UNDERTAKER	ou a	men		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
To E Marie of Son Mayorala			8	, _	,

V. S. No. 1

S. No.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimeanum as regulationer, Farm laborer, Laborer—Coal minc, etc. Women en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foremun, (b) Automobile Jactory. The material tired 6 yrs). For persons who have no occupation state, occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer treor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken nature of the husiness or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons enor At Home, and children, For many occupations a single word or term on Stationary fireman, etc. not gainfully em-But in many

Stritement of Cause of Death—Name, first, the pissea. Cause of Death (the primary affection with respect to time and causation), using always the same accented term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles; approved accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the cough; or intercurrent) Chronic ," "Coma," "Convulsions, valvular heart discase; etc. The contributory affection need not be etc., or

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

PLACE OF DEATH County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Man Hagens storm	Registration Dist. No. Of the No.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. Married WIDOWED. OR OF STREED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year)
7 AGE Social formula Figure Social formula Socia	and that death occurred on the date stated above, at 10 9. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) / yrs. / mos / 7 ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary (Duration)
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Carl Briffith (Address) Hay story Md.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL The Cause Log Dran. 4," 193/ 20 UNDERTAKER ADDRESS
Filed 3 3 - 19D / Registral Registral	77 F. Bast Tlans Brons leve. M., 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Pinysician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed g gcd in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwhatever, write None. Foreman, (b) Automobile factory. The material For many occupations a single word or term on of various pursuits can be known. The ques-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) without more precise specification as Day For persons who have no occupation Salesman, Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure," "Ilaemorrhage," "Shock," "Old Age," "Shock," stated unless important. (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as by Committee on cough; or intercurrent) 'Congenital," "Senile," etc.), "Dropsy,"
," "Heart failure," "IIaemorrhage," Chronic Example: Measles (disease The nature of the injury, affection need not be etc. The contributory valvular heart discase; Nomenclature of the Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Washington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
Village or Cityleixeysburg (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
S DATE OF BIRTH JUNE 25 , 1860 (Month) (Day) (Year)	Teb 9 193 / to Work / S , 193 / , that I last saw her alive on Murch / S , 193 / ,
7 AGE If LESS than day hrs. or min.	and that death occurred on the date stated above, at
(a) Trade, profession or HOUSewoy IT— (b) General nature of industry	(Duretion) yrs mos / 2 ds.
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Deficion) yre , mos
ID NAME OF FATHER OF SEPHUS Ground II BIRTHPLACE OF FATHER (State or country) The d.	(Signed). (Adiress) 39 Notomus 4 *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Catherine Leigles 13 BIRTHPLACE OF MOTHER (State or Country)	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted.
(Informant) _ LW is J. Ground	if not at place of death? Former or usual residence RIVEYS DUTE TITLE 19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL
	Village or City Lives buyg (No. 2FULL NAME TALISTICAL PARTICULARS 3 SEX

If more bianks are needed, address State Registrar, 16 W. Saratoga St.) Relto., Requesting V. S. No. 1.

Registrar

2D UNDERTAKER

67594

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (4) to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement or given up on account of the DISEASE CAUSING DEATH. Foreman, (b) Automobile factory. The material For many occupations a single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Hacmorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; Chronic valvular heart disease use of "Tumor" for malignant neoplasms); Measles; approved by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Committee on Nomenclature etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	03595
PLACE OF DEATH	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
100	Registration Dist. No. 302
Village or City + a gensilwitho. ///	P - 11 5 11 15
Village or City ff a general Mono.	St.: Ward) a (If death occurred in a hospital or institu- tion, give lts NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
male Whate OR DIVORCED	3-19-, 182)
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Vclosev 21, 1730.	
(Month) (Day) (Yesr)	that I last saw han alive on 150,
7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
yrsmosds. ormin.?	Broachs Pressure
8 OCCUPATION (a) Trade, profession or	
particular kind of work suf auf Wild	4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Durstion)ytsmosds.
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Durghofi) from mosde.
FATHER TOTALL AFORMAN	(Signed) M. D.
II BIRTURI ACE	3-18 197/ (Address) Lecutor Jug
OF FATHER	
(State or country) 12 MAIDEN NAME 14 // /	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Carry Houffer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
has Abelian	Former or usual residence
(Informant) Thy Jewan	19 PLACE OF BURIAL DE BENGE KUN CO DATE OF BURIAL
(Address) Jugarsjann, Und.	Fundstone fell, fa Mar. 21. 1913/
15 Filed 3-21- 1931 Chast Bower	20 UNDERTAKER AND AND RESS
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If more planks are needed, address State Registrat	YA III PRINCIPLE AND PRINCIPLE STATEMENT OF THE

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective o fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is lcss definite; avoid by Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Family we or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement. Physician, Compositor, Housemaid, etc. Foreman, For many occupations a single word or term on urs). Farm laborer. (b) Cotton mill; (a) Salesman. At Home, and children, not gainfully cmwithout more precise specification as Day (b) For persons who have no occupation If the occupation has been changed Automobile factory. The material Laborer-Coal mine, etc. Wom-Architect, Locomoline engineer, (b) Grocery;

spinal meningitis"); Diphtheria avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal to time and causation, using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Typhoid fever never report "Typhoid Pneumonia"); (the only definite synonym is "Epidemic cerebros" pneumonia, Bronchopneumonia ("Pneumonia

> on approved by "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepois, fc(anus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Potsoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicuemia," "PUERPERAL perilonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as Committee on etc. The Nomenclature of the contributory not be

answered in detail, it will prevent further correspondence data is essential and permanently filed. If this certificate is looked over thoroughly and al qu stions must be obtained before the certificate is All the

1931

rylon	03597	CERTIFICATE	OF DEATH
sland (No.	ries	Registration D	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
		AL CERTIFICATE O	F DEATH
MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	Mach o	25 , 193/
March 25 , 1		CERTIFY, That Latte J 193/, to Ma Lalive on Mark	nded the deceased from neh 25, 1931,
l day	My hrs. The CAUSE OF DEA		above, atm.
industry ment in mployer) Nashington G, Mod wel H Hinie Bonsons, Ma. hina M. Calor Frelevik Co. To the BEST OF MY KNOWLEDGE Mind H Hinie Sapland Mod 1431. Emmad Jour Defruit Particle Region Defruit Region Region Defruit Region Regi	*State the I Violent Causes, s Accidental, Suicidal 18 LENGTH OF RE ients or Recent R At place of death yrs	tate (1) Means of Inj or Homicidal. SIDENCE (For Hospit esidents) In the mosds. State tracted,	als, Institutions, Trans-
	MARRIED, MIDOWED OR DIVORCED (Write the word) Prach 25 (Month) (Day) (Month) (Day) If LE I da or or ork I industry ment in mployer) Nashington G, Month of the Horie of Boansborn, Made hima M. Calor Frelenick Co.	All STATISTICAL PARTICULARS ND STATISTICAL PARTICULARS N	CERTIFICATE Registration D Registration D St.: Ward) ME Frank Histor ND STATISTICAL PARTICULARS OR OR RACE SINGLE. WIDOWRCED Lingle OR DIVORCED (With the word) Markied. 25 (With the word) Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (Month) 25 (19) to Markied. Markied. 25 (19) (Address) (Address) Markied. 25 (19) (Address) (Address) (Markied). Markied. 25 (19) (Address) (Address) (Markied). Markied. 25 (19) (Address) (Markied). M

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter whatever, write Nonc. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servaht, Cook, Housemand, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a laborer, Foreman, For many occupations a or At Home, and children, yrs). Farm laborer, without more precise specification as Day For persons who have no occupation Laborersingle word or term on -Coul mine, etc. Womnot gainfully emmateria Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is loss definite; avoid cough; Chronic etc. The contributory valvular heart disease, "Dropsy,

If this certificate is looked over theroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PHYSI-	PLACE OF DEATH County VI CIShington	STATE OF MARYLAND CERTIFICATE OF DEATH
GCORD ated EXACTLY, openly classified certificate.	Village or City age YSIOWN (No. 139 Sum 2FULL NAME Exte TT. Hoc	Registration Dist. No. Mard) (If death occurred I a hospital or institution, give its NAME is stead of street an number.)
stated E properly of certifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Co e e s r o f o f o f o f o f o f o f o f o f o	3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH TO Y 193 (Month) (Day) (Year)
ER on	6 DATE OF BIRTH TT au 14, 867	17 I HEREBY CERTIFY, That I attended the daceased from Jan 192 to May 192 that I last saw but alive on May 197
IS IS ed. A s so t	7 AGE (Month) (Day) (Yeaf) 1 day	and that death occurred on the date stated above, at
KX	a occupation (a) Trade, profession or House Woyle particular kind of work	
NG arefu in p	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory (Durstion) yre. moe da
UNF UNF Uld I	(State or country) 10 NAME OF FATHER Air Com Balter.	(Signed) M. D.
ation sho	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
LOLY, if Information State Coccupat	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
- 075	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence.
WRITE Every item CIANS sho statement	(Informant) MYS MINIE Sum mers. (Address) Wagerstown, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Hageystown, ITA ITA, 21,12
B I I I I I I I I I I I I I I I I I I I	Filed 3-21 1831 Blas Harceras 2	H.K. Cayman Hagustown
D.D.Y	If more blanks are needed, address State Registrar	r, 16 W. Saratoga St.) Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Laborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Never return "Laborer," "Forcman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a (b) Cotton mill; (a) Salesman. (b) For persons who have no occupation (6) Automobile factory. The material single word or term on Grocery;

Statement of Cause of Death—Name, first, the Diagrams of Cause of Death—Name, first, the Diagrams of Cause of Death—Name, first, the Diagrams of Cause of Cause of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-primal fever (the only definite synonym is "Epidemic cerebro-spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of death American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease Chronic valvular heart disease; etc. The Nomenclature of the contributory Measles;

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V. S. No. 1

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	V.	CIANS should state CAUSE OF DEATH in plain terms so that it ma	statement of OCCUPATION is very important. See instructions on b
	4		4)
	m		
	N. B Every item of information should be carefully supplied. ACE shoul		
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-	F		

PLACE OF DEATH Washington County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 303
Village or City Blair's Valley (Nonear Clears 2FULL NAME Julia Edna Hose	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s sex female White White White Write the word)	16 DATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH May 5. 1889 , 1	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE 42	The CAUSE OF DEATH * was as follows: Probably ferigar Refused operator 5 years ago. Recontributory Secondary (Duration) Pyrs. mos. ds. (Signed) *State the Pissase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds. Where was disease contracted, if not at place of death?
John Hose (Informant) (Address) Clearspring Md R.F.D.	Former or usual residence
15 Filed Marly 100 J. W. Munay Registrar	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Housefulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., without more precise specification as Day Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Wom-At Home, and children, not gainfully em-Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on (American Medical Association.) telanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway trainperilonaeum, etc., Carcinoma, Sarconna, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, Chronic etc. The contributory valvular heart Nomenclature not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Q

PLACE OF DEATH County Wash: nyton	STATE OF MARYLAND CERTIFICATE OF DEATH
WITTER CORPORATE LIMITO OF	Registration Dist, No. 30 2
	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. Single, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Way 23 , 1921
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from Curr 16 192 1 to Curr 2 3 192 1 that I last saw h 1100 alive on Curr 2 3 198 1
7 AGE 34 yrs / mos 26 de or min 2	and that death occurred on the date stated above, at
a occupation (a) Trade, profession or particular kind of work	Mu alrocess
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory asperbly a chronic
	Eulephis (2.13 Duration) / 5 yrs mos de
FATHER SOLISON	(Signed) (M. D. M.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
L MANA COO PORT	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place oldeath yrs mos. ds. In the State yrs de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, il not at place of death?
(Informant) > prig Its user	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) A O Verstown, III a	Hogerstown, The May 25, 1931
Filed 3-25-1923/6Kouffbowers	A.K. Coxyman Hagerstown III
If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer tree definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never rcturn "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemic cerebrospiral meningitis"); Diphtheria (avoid use of "Croup"). Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved by carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, mentions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is loss definite; avoid Committee on Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

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(M)	set act	PLACE OF DEATH Suttende Co	ty limits STATE OF MARYLAND
0	EX	County Washington (360	CERTIFICATE OF DEATH
	Y, Fed.	71. 21 71 2	Registration Dist. No. 302
Q	ASSIT ASSIT	Village War bagentown Mil	Ward) a hospit of or institu-
CORD	EX.	2FULL NAME Cilbur / Cic	hard Hoghestul stead of street and number.).
7	oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
D Z	he st	3 SEX 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED. OR DATORCES	16 DATE OF DEATH Warch 10 1931
MA	ould te may be n back	6 DATE OF BIRTH	(Month) (Day) (Year) I HEREBY CERTIFY, That Lattended the deceased from
BIN	cho it n	alin 17" 828	nr. 21 1930 to march 10 1931
₩ <		Zionth) (Day) (Year)	that I last saw ham alive on March 9, 193/,
FO IS	led. ACE is so that struction	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
ED	plied rms instr	Hyrs. 10 mos. 13 ds. or min.?	φ
2 -	suppli n term See in	(a) Trade, profession or particular kind of work	sympholic delikemia
ESER	in plair rtant.	(b) General nature of industry	(Duration) yis 3 mos ds.
R S		which employed or (employer)	Contributory Heart failure
MARGIN	be ca EATH impo	9 BIRTHPLACE (State or country)	Secondary (Duration) yis, mos, da,
ARC	D D	10 NAME OF FATHER / // PATHER	(Signed) (B) Norment. M.JM.J.
ΣH	shour is ve	10 11 BIRTHPLACE	march 11 1931 (Address) Sagustium Wa
	AUSI	OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
LY,	FOR	of MOTHER Deulah S Thank	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	stat	13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs ds.
PL	O 0 -	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
TE	shou ent of	111: Olar Louis	Former or Joseph Programmer of Joseph Programmer of Joseph Programmer of Joseph Programmer of Progra
WRIT		(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
F	Every I CIANS statem	(Address) Ought Company	20 UNDERTAKER ADDRESS
8. No.	B	Filed 3-11-108/6/Most/Rowers	Bullitotton Degerto
Þ.	Z	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, et:. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a laborer, Furm laborer, Luberer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. Foreman, first line will be sufficient, e. g., Farmer or Planter, or All Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery;
 cman, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect-Statement of Cause of Death-Name, first, the DIS-Spinal meninging ("Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia avoid use of "Croup ("Pneumonia,

> as fracture of skull, and consequences (e.g., scpsis, tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Mcasles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection Whooping cough; Chronic Chronic interstitial nephrilis, approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valvular heart disease; etc. The contributory need not be

answered in detail, it will prevent further correspondence. data is essential and If this certificate is looked over thoroughly and al questions must be obtained before the certificate is All the

Mucs was adden in

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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state occupation at beginning of illness. If retired from work, additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever. write None. business, that fact may be indicated thus; Farmer fre or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Cotton mill; (a) Solesman. (b) Grocery; (b) Automobile factory. The material (a) the kind of work and also (b) the Locomolive engineer, But in many duties of the

EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Dishtheria avoid use of "Croup"; Typhoid fever inever report "Typhoid Pneumonia,"

carbolic acid-probably suicide. The nature of the injury or as probably such, if impossible to determine definitely. State cause for which surgical operation was diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. American Medical Association. "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic and consequences (e.g., sepsis, Example: Measles (disease etc. The contributory valvular heart Nomenclature Always qualify all Measles; disease; not be

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V. S. No. 1

1PLACE OF DEATH	STATE OF MARYLAND
County (aslunator	(21) CERTIFICATE OF DEATH
WITTHE CORPORATE LIMITS OF	Registration Dist. No. 30 2
Village or City Tagustonio. 530 No. 2FULL NAME Clara Kline	Mullerry St.: 1 Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 STINGLE, MARRIED. Married WIDOWOOR CED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	
70 yrs. 9 mos. 4 ds. lfLESS that l day hr	s. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Chronic Calarrhol Chlo Cay t
business, or establishment in which employed or (employer)	(Duration) yrs. // mos. Z. ds
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE	(Signed) (Address) Brausleyn. M. C.
OF FATHER (State or country) Maryland	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Climateth Rudy 13 BIRTHPLACE OF MOTHER (State or Country) Maryland	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Slonge W , Kline	if not at place of doa.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Hogerstons Ind 530 - n. Me	el. Fu house Centeting march 11, 193
Filed 3-10 1931 Chast Bowers	20 UNDERTAKER Jan Bouston In
lf more banks are needed, addre.s Ltate Registr	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification in laborer, Laborer, Coal mine, etc. Women at home, who are engaged in the duties of the should be used only whom needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (6) For persons who have no occupation Automobile factory. The material (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e.g., sepsis, approved by "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Ifaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Committee on Chronic Example: Measles (disease etc. The contributory valbular heart disease; Nomenclature of the

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TYSI-	PLACE OF DEATH	STATE OF MARYLAND
	County Washington	CERTIFICATE OF DEATH
Po de	WITHIN CORPORATE LIMITO OF	Registration Dist. No. 362
CORD EXACTLY,	Village or City Magers Town No. 13 M. III	Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an
C EX	2 FULL NAME + 2 ward tugen	e Knepper number.)
Stated EXAC properly clare	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
D P P P P P P P P P P P P P P P P P P P	3 SEX 4 COLOR OR RACE SINGLE. MARRIED. Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (QY 21. , 1931 (Month) (Day) (Year)
ERMA hould t may on bac	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Jany 26, 1931	March 13 193/ 10 March 27 193/
K 4 0₹5	(Month) (Day) (Year)	that I last saw MAA alive on 3 9 P.
S IS	7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
THIS upplied terms	yrs. d mos. ds. or min.?	
	(a) Trade, profession or particular kind of work	Piflicinia -
INK uily s	(b) General nature of industry	
RE IG	business, or establishment in which employed or (employer)	(Duration) vis. mos 2/ de
IARGIN RE UNFADING uid be careft F DEATH in	9 BIRTHPLACE	Contributory Secondary
MARGIN UNFADI buid be ca of DEATH	(State or country) W. Va.	(Duration) yre mos & de
	FATHER OF TO Y OS Y OS	(Signed) MC 1
E G	M 11 BIRTHPLACE OF FATHER	March 18 1921 (Address) Hog wilner No
ation	Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
Inform state	13 BIRTHPLACE	ients or Recent Residents) At place In the
f inf	OF MOTHER (State or Country) . V a	of deathyrsmosds. Stateyrsmosd Where was disease contracted,
- 035	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
RIT iten	(Informant) Charles Knepper	usual residence
≥ >z ĕ	(Address) Hagays town, Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Evel CIA	15 2-3.8- 31 by HB.	20 UNDERTAKER ADDRESS
Ž ,	Filed 192 Oloff Registrar	IF.K. Corrman Kagerstown
N. C.	If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
may well	new .	+ S

Born in W. Va

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Displayer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housebusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return" Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement whatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury American Medical Association.) (Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease; etc. The contributory not be

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Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The sary to know (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neces-(not paid Housekeepers who receive a single word or term on (b) Grocery, materia

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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for- tate PA-	1. PLACE O		OF MARYLAND-	CERTIFICATE
em of in should s		Washington		spital
RD. Every its IYSICIANS s statement of	Length of res	idence in city or town when	e death occurred / yrs 2 mo	If death occurred in a hospital or inst s. 2.3 ds. How long In U.S. i
	(a) Resider	nce: No.Sharpsb	urg Md (Usual place of abode)	St., Ward.
act Proces	PERSON	NAL AND STATIS	TICAL PARTICULARS	MEDICAL
LY. Exa	3. SEX demale	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH

Months

6

8. Trade, profession, or particular kind of work done, as SPINNER, none SAWYER, BDDKKEEPER, etc.

Sept. 2,1839

Days

11. Total tima (years) spent in this

Md

MG

Stine

Sharpsburg

Placeherpsburg Md Date Mar 25 193]

occupation

If LESS than

1 day,

or min.

5a. If married, widowed, or divorced HUSBAND of

6. DATE OF BIRTH (month, day, and year)

9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, atc.....

this occupation (month and

12. BIRTHPLACE (city or town Sharpsburg.

14. BIRTHPLACE (city or toshharpsburg

A. K. McGraw

Hagerstown

19. UNDERTAKER lbert Leaf Williamsport Md

John Kretzer

1D. Date decaased last worked at

(State or country)

16. BIRTHPLACE (city or town)_

(State or country)

18. BURIAL, CREMATION, OR REMOVAL-

15. MAIDEN NAME SUSAN

(State or country)

13. NAME

17. INFORMANT

(Address)

Years

(or) WIFE of

7. AGE 91

	Registration Dist. No. 3 6 2
	Spintal St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	. 2 4 ds. How long In U.S. if of foreign birth?
	St., Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	(Month) r 23. 193 (Year)
	Dec. 23 1929 to Mar 23 1931
	Hast saw her alive on mar 23, 1931; death is said
-	to have occurred on the date stated above, at 9 • 40 A m.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
_	Chr. myocardites don't
	arteria Sclerosis - know
	Other Contributory Causes of importance:
	acute Suffurative 3/15/3
	otitis mellia
	Name of operation Data of
-	What test confirmed diagnosis? Was thera an autopsy?
_	23. If death was due to external couses (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Date of Injury, 19
	Whera did Injury occur?
	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
	Manner of injury
	Nature of Injury
	24. Was disease or injury in any way ralated to occupation of daceased?
	If so, specify
	(Signed) O. H. Burkley M. D.
	(Address) I fuglistown, and.

OF DEATH (3606)

mation should be carefully supplied. CAUSE OF DEATH in plain terms, TION is very important.

FATHER

MOTHER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of do of importance were as fo	eath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arterioselerosis	APR 6 1931	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephrilis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago	
Other contributory cause	s of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

M

PLACE OF DEATH	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
CHEROLATE LIMITS OF	Registration Dist. No. 30 Z
7/ + , p p	
Village or City Maghetrum (No. 1 E. Ba	St.: J Ward) (If death occurred i a hospital or institution, give its NAME is
£1	stead of street an
2FULL NAME College and a. Kin	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH OM 1 15- 20
WIDOWED.	March 15, 1931
mare Write the Aufrigantial	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
May 4, 1871	Direction 2011 19231
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE If LESS than	
5-9 yrs. / 0 mos. / ds. or min.?	
B OCCUPATION	
(a) Trade, profession or	Wruis - Sclerosis.
particular kind of work (b) General nature of industry	\
husings or establishment in 1/1	(Durstion)yrsds
which employed or (employer) Tues Lemma, Bank	Contributory
9 BIRTHPLACE (State or country)	Secondary
yna.	(Durstion)mosde
10 NAME OF FATHER	(Signed) M. D. M. D.
11 BIRTHPLACE	3/ 1923/ (Address) tagritum hed
of FATHER (M)	to the Disease Coming Double on in double from
W -	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Hahala Brewer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
21/1/4/1	Former or
(Informant) Copp. 2 Ruhn	usual residence
(Allow) Wagustown Md	11 10 0 0 of mil 3/1
(Address) Vagussium IIIa	SP. Tanks (mily 1/4, 1931
15 Filed 3-16- 1921 6 hart Bowers	26 UNDERTAKER ADDRESS
Registrar	satt t. Winneh Nag IVa
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
St. Y	YMMM

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Foreman, (b) Automobile factory. The materia For many occupations a single word or term on Farm laborer, Laborerwithout more precise specification as Day -Coal mine, etc. Wom-Grocery,

Statement of Cause of Death—Name, first, the Das-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal III fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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APR 6

	(3608)	CERTIFICATE Registration	OF DEATH Dist. No. 302 (If death occurred in a hospital or institu
AL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE. MARRIED AYYIR WIDOWED. OR DIVORCED (Write the word) TH TO. (Month) (Day) (Yes in the word) ST yrs. 4 mos. 8 ds. or not fession or lof work.	16 DATE OF DEATH 17 I HEREB that I last saw here than and that death occur hrs. The CAUSE OF DEA	(Month) Y CERTIFY, That I att 1923. to 2000 Salive on 2000 Burred on the date stated ATH * was as follows:	a hospital or institution, give its NAME instead of street and number.) DF DEATH L + 1921. (Day) (Year) ended the deceased from 2 + 1923.
tablishment in ad or (employer) Intry). That I was land a contry and a country and a country are a country as a country and a country are a country as a countr	*State the Violent Causes, Accidental, Suicidal B LENGTH OF Riems or Recent R At place of death yrs. Where was disease corif not at place of death residence	Disease Causing Death, state (1) Means of In I or Homicidal. ESIDENCE (For Hospi desidents) In the State of Interacted, ath? AL OR REMOVAL	DATE OF BURIAL ADDRESS QUYSTON TO
	ACE ER Country) NAME ACE ER Country) STRUE TO THE BEST OF MY KNOWLEDGE ACE ER Country) STRUE TO THE BEST OF MY KNOWLEDGE Coss) Coss Coss) Coss Coss	Chewselle Moistrick L NAME Hay Dea Chanty IAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE SINGLE ON WARRIED ON WORKED OR DOWNERED ON WRITE THE LESS than I day has and that death one	CERTIFICATE Registration St.: Ward) St.: Ward) L NAME HO Y DEQ A TO THE STIPPING TO THE BEST OF MY KNOWLEDGE FOR DIVORCED (Write the word) If LESS than It day hrs. If

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. laborer, For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on

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(Recommendations on statement of cause of death American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicidc. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory valvular heart disease; Nomenclature of the

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		63610
ao t	PLACE OF DEATH	STATE OF MARYLAND
MEX	County WA Skengton	CERTIFICATE OF DEATH
- po	- TO STATE COOPS ATT LIMITS OF	Registration Dist. No. 302
EXACTI y classifi	Village or City May Sour (No. 145 1)	St.: Ward) (If death occurred in a hospit I or institution, give its NAME isstend of street and number.)
ed b	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
a state	3 SEX 4 COLOR OF PACE 5 SINGLE.	16 DATE OF DEATH
ANE Se P	Male White Willervield	(Month) (Day) (Year)
R.W.	6 DATE OF BIRTH	I HEREBY CERTIFY, That lattended the deceased from
PE PE	Sept 2 1862	January 6/ 193/ to March 192/
A A BELL	(Month) (Day) (Year)	that I last saw Minalive on Juniary 44, 1921.
FO IS		and that death occurred on the date stated above, at
D HIS	6 8 yrs. 3 mos. 21, ds. or min.?	
VE-TI	a) Trade, profession or	Caremonal of rectum
ER KK-	particular kind of work	
ES IN	(b) General nature of industry business, or establishment in	(Duration) yrs. 6 mos. ds.
N N N	which employed or (employer)	Contributory Same
ADA	9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos ds.
NF.	10 NAME OF 1	(Signed) Kabell M. D.
MA MA	FATHER WYaham Manjan.	Mar. 2, 1931 (Address) Hagerstown Ml.
on sh	OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
- EA	12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a sie		ients or Recent Residents)
e sta	OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
Pl.	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
TE L	May & Mayory	Former or usual residence
VRI Ite	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every CIAN	(Address) 40 Julio	Mose Kell 93.193.
0. 1 0. 1 0. 1 0. 1 0. 1	15 Filed 3-2- 193/ hast Bowers	20 UNDERTAKER ADDRESS
wi (T)	Registrar	allower vous preferrin
S' Z	If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, whatever, write None.

Statement of Cause of Death—Name, first, the pretired 6 yrs). state occupation at beginning of illness. If retired from ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emgaged in domestic service for wages, as Screont, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary,, may be entered as Housewife, Houseloborer, Farm laborer. Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many eupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile foctory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Doy For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the pix
EASS CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accept
ed term for the same disease. Examples: Cerebros pinal
fever (the only definite synonym is "Epidemic cere prospinal meningitis"): Dishthereo avoid use of "Croup");
Typhoid fever never report "Typhoid Pneumonia";
Lobor pneumonia, Bronchopneumonia ("Pneumonia")

or seek

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely. State eause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anuemia" (merely symptom-Chronic interstitial nephritis, approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart discose; ctc. The contributory not be

If this cartificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the plate is essential and must be obtained before the certificate is permanently filed.

AFR 6

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PLACE OF DEATH	STATE OF MARYLAND
County Washington	CERTIFICATE OF DEATH
Med Med	Registration Dist. No. 307
Village or CityML Gran (No. 1)	St: Ward) (If death occurred in a hospitul or institution, give its NAME in
2FULL NAME Milliam AM	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hole OR RACE SINGLE, MARRIED, MARTIED, WIDOWED, OR DIVORGED (Write the word)	Mar 13, 1926. (Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Morth) (Day) (Year:	that I last saw h/M alive on Jau- 17 th 195/
	and that death occurred on the date stated above, at
82 yra. 7 moa. 12 ds. or min.?	The CAUSE OF DEATH, * was as follows:
BOCCUPATION (a) Trade, profession or Retire A Pail	Myorarditis e austic
particular kind of works works works works works with the control of the control	auffective,
business, or eatablishment in which employed or (employer)	(Duration)yrsmosda.
9 BIRTHPLACE (State or country)	Contributory Shougho palement Secondary (Duration)
10 NAME OF HEMPY MELLS	(Signed) M.D. Mhafoln, M.D.
M II BIRTHPLACE	Man 4.19 (Address) Duoloso, Ud
OF FATHER (State or country) 12 MAIDEN NAME The state of the state o	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lyla Miller	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) MoC	At place of death yrs mos ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY MNOWLEDGE	Where was disease contracted, it not at place of dea.h?
(Informan Mrs Mollin of marty	Former or usual residence
(Address) Tragol Mac	19 PLACE OF BURIAL OR REMOVAL Mar 14, 19.31
15 Filed 3 · /4 · 1921. Emma J. Jour Print	20 UNDESTANGE TO KARdysvill
If more banks are needed, address tate Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more process of mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Coak, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully em-For many occupations a yrs). For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death (danus) may be stated under the head of "contributory." accident; Revolver wound of head—homicide; Poisoned by or as probably such, if impossible to determine definitely. (secondary Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; Example: Measles (disease etc. The Nomenclature of the eontributory

If this certificate is looked over thoroughly and all questions are weed in detail, it will prevent further correspondence. All the data, is essential and must be obtained before the certificate is permanently filed.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (r state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil ongineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the laborer, Physician, Compositor, Architect, borer, Farm laborer, Laborer For many occupations a single word or term on without more precise specification as Day For persons who have no occupation -Coal mine, etc. Womperson, irrespective of Locomoline engineer,

spinal meningitis"); Dinhtheria avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS Typhoid fever never report "Typhoid Pneumonia") to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meusles; accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Brouchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, approved by Committee on Nomenclature belanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report more symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic The n .ture of the injury, valeular heart disease; etc. The contributory etc., of death

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is certificate is looked over thoroughly and al questions

permanendy filed.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise and minc, etc. Wom-laborer, Form laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of For many occupations a single word or term on But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "HaemorrEage," "Inamition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy trainperilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

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PHYSI-

PLACE OF DEATH	
County Washington	
Village or City Www No.	
2 FULL NAME Taura R. Mill	
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE MARRIED, WIDOVED, OR DITOR THE WILL WILL WILL WILL WILL WILL WILL WIL	10
(Month) (Day) (Year)	tl
	aı
yrs. mos. 2 4 ds. or min.?	T
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	
9 BIRTHPLACE (State or Supery) 1200 County Wil	
Somuel Heloso.	(S
OF FATHER (State or country town and Create M	•••
a thorner Andh	16
(State or Country)	A of
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18

(Address)

Filed 3 - 11

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 307

(131)

If more bianks are needed, addre. Ltate Registrar, 16 W. Saratoga St., Balto., Requisiting V. S. No. 1.

St.:Ward)	(If death occurred in a hospital or institution, give its NAME in stead of street and
	number.)

ADDRESS

Yan	number.)	treet and
MEDICAL CERTIFICATE	OF DEATH	
16 DATE OF DEATH MCL	9.,	1983/
(Month)		
moh 4 197/ to M	ttended the dece	ased from
that I last saw h Analive on me	4 9	., 197.1.,
and that death occurred on the date state	ed above, at 10	30 Pm.
Influenza + nep		
Influenza + nep	hutesch	mie
V	Qwag G	?
(Signed) (Address) Han	yts. mos	do. do. M. D. My W 3
*State the Disease Causing Deatl Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	n, or, in death	s from Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	oitals, Institution	ns, Trans-
At place In the of deathyrsmosds.	ateyrsm	iosds.
Where was disease contracted, if not at place of dea.h?	•••••••••••••••••••••••••••••••••••	**************************************
Former or usual residence	-0+0440+++00000000000000000000000000000	
A PEACE OF PURIAL OF PENCENT A	DATE OF D	HELAI

V. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthtion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully emhou ehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, en at home, who are engaged in the duties of the Physician, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Compositor, Architect, For persons who have no occupation-Stationary fireman, etc. But in many Locomotive engineer, Wom-

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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more preuse grantle winc, etc. Womlaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter. fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Automobile factory. The material Stationary fireman, etc. But in many 6) persons Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease;

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(M	PHYSI-
1	WRITE PLACY, TH UNFADING INK-THIS IS A PERMANI F CORD	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact
BINDING	PERMAN	Every item of information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classifications.
MARGIN RESERVED FOR BINDING	-THIS IS A	ipplied. ACE
IN RESER	DING INK-	carefully su
MARG	TH UNFA	on should be USE OF DEA
	PLA LY,	of Informatic
,	WRITE	Every item
1 .00.	(R.

	PLACE OF DEATH County Mashington	0.3615 STATE OF MARYLAND CERTIFICATE OF DEATH		
	WITEL COSPORATE SIMITO OF	Registration Dist. No. 30 2		
Vi	illage or City Mago VS 10 w M (No 201 117a	(If death occurred in a hospital or institution, give its NAME is stead of street an		
-	2FULL NAME TITES Wilmoth	Tehell street an		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED TO Y 12 CL, OR DIVORCED (Write the word)	3-12-3/ (Month) (Day) (Year)		
6	DATE OF BIRTH Aug 20, 1850 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2-12-3, 192 to 2-2, -3, 192 that I last saw here alive on 3-2, -2, -3, 192		
7	AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:		
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in		(Duration) vis mos d		
-	which employed or (employer) BIRTHPLACE (State or country)	Contributory Branchal ashmu Secondary (Durstion) 25 yrs mos de		
	10 NAME OF FATHER SW:SBUYKE	(Signed) M. C. Leine M. C. 3-21-3/192 (Address) Hayerstown me		
RENTS		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
PAR	of MOTHER E Mily Corbin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)		
	OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosd Where was disease contracted,		
14	(Informant)	if not at place of death? Former or usual residence		
	(Address) Hagerstown, IIId	Tyont Proyal Va Mar 23, 131		
15	Filed 1927 Registrar	17 15. Cox Jun au Hagenston		
	If more bianks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No		

03615 STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective o fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Without more process of the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Housemuid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write Nonc. business, that fact may be indicated thus; Farmer (Tax to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

alelanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death All this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, F. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified CORD ITH UNFADING INK--THIS IS A PERMAN WRITE PL

MARGIN RESERVED FOR BINDING

V. S. No. 1

	PLACE OF DEATH	03616 STATE OF MARYLAND		
	County / Ashing bin	CERTIFICATE OF DEATH Registration Dist. No. 30 2		
ricate.	Village or Cit Rochwaton County Josh 2FULL NAME Bronard M	St: 3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
Cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
ack or	Male Hoth (Write the word)	16 DATE OF DEATH March 6 , 198 (Month) (Day) (Year)		
g uc	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from		
Suo	(Month) (Day) (Year)	that I last saw hamalive on Way 6, 1951,		
nstructi	7 AGE If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at 425 0 m. The CAUSE OF DEATH * was as follows:		
Seo	(a) Trade, profession or particular kind of work	Broncho Preumonia.		
rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) rs. more of day		
odwi	9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion)		
s very	10 NAME OF Joy Mongasu	(Signor) 13 (192 (Address) Williamogan Md		
200	OF FATHER (State or country) MA	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
A	of MOTHER Cotalla Towar	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
200	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs. mos. A. ds. State yrs. mos. ds.		
חו סו	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h? Former or usual residence Authority Taken aut		
tateme	(Address) & Fair Play mor	manor Camalan Mars, 1981		
Ø	Filed 3-7- 1993/ Chast Haycer	3 L Suman + Co Hewysville		
-	If more banks are needed, address trate Registran	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. / Nucl		

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully employed, us At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a especially in industrial employments, it is neces-For persons who have no occupation single word or term on The ques-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopheumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancor" is less definite; avoid approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 300 St: Ward) (If death occurred in a hospital or instituion, give its NAME instend of street and Lumber.) cert PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH of 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5, MAGELE, MARRIED, back WHOOTED may (Write the Word) (Month) (Day) That I attended the deceased from 6 DATE OF BIRTH struction C that I last saw h alive on (Month) (Day) and that death occurred on the date stated above, at 7 AGE If LESS than I day hrs. ter (A) Trade, profession or particular kind of work . pla (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER II BIRTHPLACE ENT OF FATHER (State or country 14 12 MAIDEN NAMI 0 OF MOTHER 110spitals, Institutions, Translepis, of Metent Residents) 13 BIRTHPLACE OF MOTHER At place In the 00 yrs. . . . mos. . . . da. State,yrs.....mos.de (State or country) Of Where was disease contracted. H THE ABOVE IS TREE TO THE BEST OF MY KNOWLEDGE if not at place of death?... usual residence. 19 I LACE, OF BURIAL OR REMOVAL BATE OF BURIAL EVER state ADDRESS If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto , Requesting V. S. No. 1.

REVISED UNITED STATES CERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

ployed to report special fill occupation.

Housemaid, etc. If the occupation of given up on account of the bisease Cavelered in the ginning of illness. If retired in the business, that fact may be indicated thus: Farmer (veliced by velocity). For persons who have no occupation whatever, write None.

The primary affection with respect, the primary affection with respect, the same acception. cupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home. who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; nature of the business or industry, and therefore an Civil engineer, Stationary firemen, etc. But in many laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material Statement of Occupation Precise statement of oc-For many occupations a single word or term on 01. TI Home, and children, not gainfully em-

spinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid pneumenin"): Lobar pneumonia, Bronchopneumonia ("Pneumonia."

> causing death), 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); Measles; (name origin; "Caneer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rbuge," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustien," "Heart failure," "Haemorvulsions, symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nophritis, etc. The contributory Whooping head of "eontributory." quences (e. g., sepsis, tetanus) may be stated under the truin-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely State cause for which surgical operation was under "Puerperal septicaemia," "Puerperal peritonitis," "Uraemia," "Weakness," etc., when a definite disease ment of cause of death approved by Committee on ture, of the injury, as fracture of skull, and conse-Poisoned by carbolic acia-probably suicide. The na-Examples: Nomenclature of the American Medical Association.) FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway Never report mere symptoms or terminal Chronic valvulur heart disease; (Recommendations on state Example: Measics "Соша," (second-(disease "Con-

tions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before the certificate is permanently filed. Ithis certificate is looked over thoroughly and all ques

PLACE OF DEA	TH		03618	STATE OF		
County // device	Die		(108)	CERTIFICATI Registration	Dist. No. 3/	
Village or Cit Rudy	willy Martin R	Micod	ums	St.: Ward	/16 danah	occurred in or institu
PERSONAL AND	STATISTICAL PARTICL	JLARS	MEDICA	L CERTIFICATE	OF DEATH	
male This	OR RACE 5 SINGLE, MARRIED WIDOWED. OR DIVORCED (Write the word	much	DATE OF DEATH	3 (Month)	2 , (Day)	19 31 (Year)
6 DATE OF BIRTH	Oct 20	1851	7 . I HEREBY C	ertify, That I at	tended the dec	1923 /
***************************************	(Month) (Day)		at I last saw h uu	alive on 3	2	1923/
7 AGE 79 yrs	4 mos. 11 de		d that death occurre		d above, at	m.
(a) Trade, profession or particular kind of work (b) General nature of inc	Justry	rmar			h.\aaaaa\aaaa	
business, or eatablishmen which employed or (employed or mployed or (employed or mployed			Contributory M.	(Duration)	iles	osds.
(State or country) 10 NAME OF FATHER OCO	b Nicodm	who g	gned) Xobit	(Address)	weef Dyse	ds.
OF FATHER Z (State of country)	mol		*State the l is Violent Causes, stat Accidental, Suicidal or	ase Causing Death, e (1) Means of I Homicidal.	or, in dolar	Whether
12 MAIDEN NAME OF MOTHER	vana Hr.	-	LENGTH OF RESI	DENCE (For Hospi dents)	itals, Institution	ons, Trans-
OF MOTHER (State or Country)	mol.	of	place deathyrsmor here was disesse contrac	_	teyrs	mosds,
(Informant)	Porunce Time	EDGE if	not at place of dea h? rmer or ual residence		DATE OF	DIDIA
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If more	b.anks are needed, addre.s	Ltate Registrar, 1	W. Saratoga St., Ba	ilto., Kequesting V.	S. 1.0. 1.	mar.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tla first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (r) household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, Stotionary firemon, etc. But in many Physician, Compositor, Architect, whatever, write None. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report Foreman, For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day specifically the occupations of persons en-(6) Automobile factory. The material single word or term on Locomotive engineer, 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telahus) may be stated under the head of "contributory." approved by Committee on (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (Recommendations on statement of cause of death "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature

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tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scream, Cock, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-

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> (Miletanus) may be stated under the head of "contributory." approved by Committee on Nomenclature American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease, etc. The contributory

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APR @ 1

PLACE OF DEATH STATE OF MARYLAND 207 CERTIFICATE OF DEATH Registration Dist. No. 302 (If death occurred in a hospital or institution, give its NAME i. stead of street and ²FULL NAME number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE 16 DATE OF DEATH MARRIED. hay be WIDOWED OR DIVORCED (Write the word) (Month) 6 DATE OF BIRTH 17 I HEREBY CERTIFY, That I uction 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. OCCUPATION a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) 0 which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) (Duration) TO 10 NAME OF (Signed) 31 FATHER 0 (Address) 11 BIRTHPLACE क ध OF FATHER SO Z *State the Disease Causing Death, or, in deaths from CAU Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. (State or country) (2) Whether and 12 MAIDEN NAME 0 4 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) CC 13 BIRTHPLACE At place In the (0) OF MOTHER of death vis. mos. ds. (State or country) 0 7 Where was disease contracted, THE BEST OF MY KNOWLEDGE if not at place of dea h? Every item CIANS sho statement Former or usual residence DATE OF BURIAL Registrar If more bianks are needed, addre s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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spinal meningitis"; Diphtheria avoid use of "Croup Typhoid fever never report "Typhoid Pneumonia" to time and causation, using always the same acceped term for the same disease. Examples: Cerebrospin EASE CAUSING DEATH (the primary affection with respe Statement of Cause of Death-Name, first, the Di (the only definite synonym is "Epidemic cerebrapneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (c. g., sepsis, tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-(secondary American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage Or " "Marasmus, " "Old Age, intercurrent) Chronic affection need etc. The contributory valvular heart Nomenclature " Shock," disease; not be

answered in detail, it will prevent further correspondence. data is essential and must be obtained before the certificate If this certificate is looked over thoroughly and al questions

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PLACE OF DEATH

County Washington

STATE OF MARYLAND CERTIFICATE OF DEATH

			7 -	1000
Registration	Dist.	No.	20	4

ATE LIMITO

Hannah Polack

Village or City Hagerstown

2FULL NAME

N. Prospect Street (No. 437

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex Female	4 COLOR OR RACE White	MARRIED, WICHOW WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 21, 19231 (Month) (Day) (Year)
6 DATE OF BIR	March (Month	, 1_8 (Day) (Ye	1 HEREBY CERTIFY, That I attended the deceased from 2 193/. to War 2/., 193/
7 AGE	84 yrs.	If LESS 1 day	hrs. The CAUSE OF DEATH * was as follows:
(b) General n	ofession or d of work H ature of industry	ome Work	- General aussiner
which employ BIRTHPLACE	etablishment in ed or (employer)		Contributory le hronis Mystarletis and Secondary Interferiti
10 NAME OF	Soloman	Goldstein	(Signed) Dy, W, W why M, D. Was 21 193/ (Address) & You when M. D.
OF FATH C (State of	r country)	ia	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTH 13 BIRTHPE OF MOTH	LACE Ethel	sia	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs ds. State yrs ds. Where was disease contracted,
(Informant) Jacob Polack.			if not at place of death? Former or usual residence
	ess) Hagersto		Half Way Cemetery Date of Burial Mar. 22, 31
15 Filed 3-	22-103/6/	tast Bower	20 UNDERTAKER ADDRESS Fred W. Kraiss, Hagerstown, Md.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from to report specifically the occupations of persons ener," etc., without more precise special mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DESEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospina, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cropp")

Typhoid fever (never report "Typhoid Pneumonia").

Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaenia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need not be ess important. Example: Measles (disease Chronic etc. The contributory valvular heart discase;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

UR

V. S. No. 1

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-		03622		
	PLACE OF DEATH	203 9 STATE OF MARYLAND		
	County Washington	CERTIFICATE OF DEATH		
	WITSIN COSPOSATS LIMITS OF	Registration Dist. No. 382		
ack of certificate.	Village or City Ha gaystown (No. 5 / i elel	St.: 2 Ward) (If death occurred in a hospital or institu-		
	2FULL NAME NM Homer	tion, give its NAME instead of street and number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH		
2	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attanded the deceased from		
0	1-eby 13 , 1918	mar 2] 1921 . to mar 27 , 1921,		
see instruction	(Month) (Day) (Year)	that I last saw h had alive on 192, 192		
	7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, at \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	3 yrs. \ mos. \ 3 ds. or min.?	accidental deals		
	8 OCCUPATION (a) Trade, profession or School particular kind of work	Crushed in elevation		
11	(b) General nature of industry			
rtan	business, or establishment in which employed or (employer)	(Durstion) yrs		
odwi	9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs		
2	10 NAME OF FATHER (D)	(Signed) Picker Duffey Comme M.D.		
> 0	LI BIDTUPLACE	m to 27 19Bt (Address) Langerting me		
2	OF FATHER (State or country) That y y land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
4	of MOTHER WILL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
5	13 BIRTHPLACE OF MOTHER	At place In the State yrs mos. ds. State yrs mos. ds.		
0	(State or Country)	Where was disease contracted.		
0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?		
Lue I	(Informant) Clyde IF Powell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
statem	(Address) Hacer stown, Md	Hagers town, 111d May 28, 131.		
	Filed 5-2/- 193/bhasff Develop Registrar	A-K. Corkman Hogerstown And		
	If mora blanks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farnicr or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The materia (6)

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, tefanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Whooping approved by Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic Committee on Nomenclature etc. valvular The contributory Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLAGE OF DEATH	63623 STATE OF MARYLAND
Count Mishing law	CERTIFICATE OF DEATH
20 Mm 7/	Registration Dist. No. 304
Village of Civillage (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTIC	CULARS MEDICAL CERTIFICATE OF DEATH
Z 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Holows 15 DATE OF DEATH March 11, 1131 (Month) (Day) (Year)
O DATE OF BIRTH OCT	17 I HEREBY CERTIFY, That I attended the deceased from
O SI SI O A SI	(Year) that I last saw h and alive on 3/1/1/3/192
OCCUPATION (a) Trade, profession or particular kind of work	Cerebral Hermunondage
business, or establishment in which employed or (employer)	(Duration) yrs. mos 2 ds
Z I O D T E I O O D T E I O O O O O O O O O O O O O O O O O O	Contributory Secondary (Durting) Zyrs mos ds
Y D DL D IN NAME OF FATHER ACOT. P	y (Signed) Harris M. D.
OF ATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER DE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	At place In the State, yrsds. Where was disease contracted,
The Above is they to the best of the	/LEDGE if not at place of death?
WRITE (Informant) (Informant) (Address) Ecichary	ma 19 PLACE OF PURIAL OR REMOVAL BOATE OF BURIAL 3/14, 13
File 3/11 3/176/50	KLING 20 UNDERTAKER ADORESS
	Registrar 199 Custus Agueloch

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-work, or At Home, and children, not gainfully emer," etc., William Laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write Nonc. Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile first line will be sufficient, e. g., Farmer or Planter. For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But'in many factory. The material -Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,")

data is essential permanently filed

ured in detail, it will prevent further correspondence. All the is essential and must be obtained before the certificate is

stetanus) may be stated under the head of "contributory." approved by Committee on -American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Uruemia," "Weakness," etc., when a dofinite can be ascertain. causing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway train If this certificate is looked over thoroughly and all questions peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory valvular heart discase; Nomenclature Measles;

WRITE

Is very importa

ATION

PARENTS

X	1	supplied. ACE should be stated EXACTLY, PHYSI n terms so that it may be properly classified. Exac See instructions on back of certificate.
	K-THIS IS A PERMAN T CORD	ted EXAC perly classertificate.
DING	IANT	id be stated by be proposed to a
RVED FOR BINDING	A PERM	CE shou hat it ma
ED FO	SI SIH.	plled. A
RV	X-1	sup n tei

Vi

3 :

7 AGE

Female

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE

(a) Trade, profession or

particular kind of work

(State or country) 10 NAME OF

OF FATHER

13 BIRTHPLACE

(Informant)

OF MOTHER (State or Country)

(State or country) 12 MAIDEN NAME OF MOTHER

FATHER 11 BIRTHPLACE

(b) General nature of industry business, or establishment in

which employed or (employer)

White

1 _{PLA}	CE OF DEATH		
County	Washing	ton	99
lage or	City Funkst	bwnn (No. Mair	Street
	FULL NAME	Barbara Elle	n Reynolds
PER	SONAL AND ST	ATISTICAL PARTICULA	RS
BEX	4 COLOR OR	RACE SINGLE, WIC	OW 16 DATE

August 25. (Month)

Md.

Md.

Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Joseph Reynolds.

Hagerstown, Md.

John Dayhoff

WIDOWED.

Home Work

OR DIVORCED

(Day)

IIfLESS tha

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred In a hospitel or institu-tion, give its NAME in-steed of street and number.) Ward)

LARS	MEDICAL C	CERTIFICATE C	OF DEATH		
.dow	16 DATE OF DEATH	March 2	28	1921	
	750000000000000000000000000000000000000	(Month)	(Day)	(Year)	
	17 I HEREBY CER	TIFY, That I att	ended the dec	eased from	
	2-1-31	192 to 3	-2f-	192/	
(Year)	that I last saw her aliv				
If LESS than	and that death occurred o	n the date stated	above, at 2:	10 Am.	
1 day hrs.	The CAUSE OF DEATH *	was as follows:			
ormin.?	hating	Lunio			
	Chronic	Myoune	litos		
		**************************************	2 * 0 2 0 * mmg 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
****************	***************************************				
	4001+00+0000014400000000000000000000000	(Duration)	yrs m	osds.	
	Contributory Secondary	inlity.			
	The state of the s	(Duration)	vra. m	da.	
	(Signed)				
	(Signed)	17 (
	3-29 1921 (Address) Harrison my				
	*State the Disease Violent Causes, state Accidental, Suicidal or Ho	Causing Death, (1) Means of In omicidal.	or, in designing jury and (2)	ths from Whether	
tt_	18 LENGTH OF RESIDE	NCE (For Hospi			
	At place of deathyrsmos	In the Stat	eyrs	.mosds.	
DGE	Where was disesse contracted if not at place of death?	•			
	Former or usual residence		2000000 0000000000000000000000000000000	***************************************	
	19 PLACE OF BURIAL OR	REMOVAL	DATE OF	BURIAL	
	Cavetown Ceme	etery	March 3	0 1931	
	20 UNDERTAKER		ADDRESS		
Registrar	Fred W. Krais	s Hagerst	own, Md		

If more bienks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an additional line is provided for the latter statement; it tired 6 yrs). For persons who have no occupation ployed, as At school, or At home. Care should be taken er," etc., should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer inc state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, sary to know the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enor Al Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, Bronchopneumonia).

American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite discase (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o as fracture of skull, and consequences (e.g., sepsia, Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is loss definite; avoid "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory

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APR 6

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer to or given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day loborer, Farm laborer, Laborer—Coal minc, etc. Womshould be used only when needed. As examples: (a) cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant Coal Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. worked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, vner, (b). Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on Stationary fireman, etc. who have no occupation Locomotive engineer, But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of American Medical Association. telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on Nomenclature carbolic acid-probably suicide. The n.ture of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," stated unless important. use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY for malignant neoplasms); Chronic Example: Meusles (disease affection etc. The contributory valvular heart need not be Measles; discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

2	N.	HYSI- Exact
	CORD	illy supplied. ACE should be stated EXACTLY, PHYSI. blain terms so that it may be properly classified. Exact it. See instructions on back of certificate.
DING	INKTHIS IS A PERMAN F CORD	uld be stated nay be prope back of ceri
FOR BIN	IS A PER	J. ACE sho so that it n ructions on
SERVED FOR BINDING	INKTHIS	illy supplied plain terms it. See inst

PLACE	OF	DEATH

County Washington

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110	-072	
	7.	7-0

63626

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 302

Village or City Hagerstown (No. 36 Elizab	tion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single Wildowed. White Write the word)	March 25, 1921 (Month) (Day) (Year)
June 10, 1930 (Month) (Day) (Year) 7 AGE	that I last saw h 27 alive on Man, 25, 1937, and that death occurred on the date stated above, at 12:15A m. The CAUSE OF DEATH * was as follows:
yrs. 9 mos. 15 ds. or min. OCCUPATION (a) Trade, profession or particular kind of work Infant Child (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Md.	(Durstion) yrs. mos. 7 ds.
10 NAME OF FATHER Frank Ripple 11 BIRTHPLACE OF FATHER Md. (State or country)	(Signed) (Signed) (Address) (Address) (Signed) (Address)
of Mother Louise Dorsey 13 BIRTHPLACE OF MOTHER (State of Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Address) Hagerstown, Md. Filed 3-26-1923/6 Northbowell	19 PLACE OF BURIAL OR REMOVAL ROSE Hill Cemetery Mar. 26 31 20 UNDERTAKER Fred W. Kraiss. Hagerstown, Md.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; if sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile foctory. The material Spinner, (b) Cotton mill; (a) nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-For many occupations a single word or term on Form laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Salesman, (6)

Statement of Cause of Death—Name, first, the DISE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping (Recommendations on statement of cause of death cough; Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regiesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deeeased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exam	ple I		Example II	
The principal cause of death a of importance were as follows:	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PR 7 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage		1921	Run over by street car	1 week ago
Cerebral hemorrhage	REAU V.S	July 5,1927	Peritonitis	3 days ago
Consideration of the Constitution of the Const		11		
Other contributory causes of i	mportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		-		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

set act	PLACE OF DEATH	STATE OF MARYLAND
Exac Exac	County Washington	CERTIFICATE OF DEATH
Pool.	WYTEIR CORPORATE LIMITS OF	Registration Dist. No. 302
ated EXACTLY, Poperly classified.		tomae ave St.: 5 Ward) (If death occurred In a hospital or institution, give its NAME instead of street and number.)
U W >=	2FULL NAME Mary Caroline Vi	number.)
stated properly of certification	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ske be	3 SEX 4 COLOR OR RACE SINGLE. MARRIED, WIDOWED, OR DIVORCED WINDOWED (Write the word)	16 DATE OF DEATH March 11, 1931
RMA ould may	6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
BII PE sh	anne 11 1866	Jan, 15 193/ 10 mar, 11, 195/
IS IS A I led. ACE is so that structions	(Month) (Day) (Year)	that I last saw h Lalive on men . 193 /,
IS IS	7 AGE If LESS than 1 day	and that death occurred on the date stated above, at 1.50 Pm. The CAUSE OF DEATH * was as follows:
THIS piled instr	6 4 yrs. 9 mosds. ormin.?	THE CAUSE OF DEATH * Was as follows:
RVED <this instr<="" n="" see="" supplied="" td="" terms=""><td>a occupation (a) Trade, profession or</td><td>Carsina of</td></this>	a occupation (a) Trade, profession or	Carsina of
1.1 100	particular kind of work	cernix when
m 200	(b) General nature of industry business, or establishment in	(Durstion) yıs. mos de.
	which employed or (employer)	Contributory Intentinal obstructs
TA OAE	(State or country)	Secondary (Duration) yto moo 26.
N N PO V	10 NAME OF	(Signed) & Robert Wells M. D.
2 00 >	FATHER William W. Johnston	mas. 12 193/ (Address) Jagers Lawer . Ind.
_ 0 Z	OF FATHER (State or country) Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Y, mation CAU	of Mother Many & Somona	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
nform state	13 BIRTHPLACE	ients or Recent Residents) At place In the
7 6	OF MOTHER (State or Country) Md.	of deathmosde. Stateyremosde. Where was disease contracted,
E Pl	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
ITE tem she ent	(Informant) Mrs. A. S. Russel	Former or usual residence
WRITE P Every Item of CIANS should	Hone I mad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Evel CIA stat	(Address) NUGULATANA	Salisbury Md. March 13, 193/
	Filed 3-12-19/ Chall Down Registrar	Sett. 7. Minnich Hag md.
Z		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1
	Dr. V	Velle.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken whatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewijc, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocr," etc., report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Architect, Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinel fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

mapproved by Committee on American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 195

LY, PHYSI-	led. Exact	PLACE OF DEATH County Washington WITHIN CORPORADS LIMITS CO	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 302
CORB	erly classified.	Village or City Hagustown (No. 1103 Poto 2FULL NAME Benjamin	Ward) (If deeth occurred a hospital or institution, give Its NAME I stead of street ar number.)
ate	proper of certi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANA to st	be ok	Mala 4 COLOR OR RACE 5 SINGLE, MARRIED. Married WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH THE 28, 1931
A PERMA	30	6 DATE OF BIRTH September - 16 - 1879 (Month) (Dey) (Yeer)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased fro 1820. to MC 28/, 192/ that I lest saw here alive on Med 27, 192/
KTHIS IS supplied. A	In terms so tha	7 AGE Soccupation Soccupa	and that death occurred on the date stated above, at 7 dur. The CAUSE OF DEATH * was as follows: Chronic The State heptical Chronic Murrendites.
DING IN	TH in plai	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) . 2 yrs mos
UNFA	OF DEA	10 NAME OF FATHER John a. Sayten	(Signed) Defation) yre mos d (Signed) Address) Hage Hore w
ation	CAUS	(State or country) Hermare (State or country) 12 MalDEN NAME OF MOTHER	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
LA LA	OCCUP,	13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
TE	shou int of	(Informant) Ms. B. W. Sayten	if not at place of death?
WRIT	Stateme	(Address) Haguston 1103 - Patome au 15 Filed 3-30 193/6 Kasth Bowers Registrar	DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL 20 UN DERTAKER ADDRESS ADDRESS
		Registrar	16 W. Saratora St., Balton, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation whatever, write None. business, that fact may be indicated thus; Farmer work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile foctory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on Form loborer, (b) Cotton mill; (a) Salesman, without more precise specification as Doy Loborer--Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISI EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; Example: Measles (disease etc. Nomenclature of the The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Y, PHYSI- ed. Exact	PLACE OF DEATH County Mash: Naton	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3
CORD EXACTLY rly classific	Village or City 16 Sex 5 (No. 356 S.C) 2FULL NAME V: 012+ MT. Seh	Annon FV. St. 3 Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
tatec rope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0000	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEDS ingle - WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month), 192 (Year)
BINI PERI E shou	6 DATE OF BIRTH (Afputh) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1930 to Man 1930 that I last saw har alive on Man 15 1923
D FOR	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
ESERVED INKTHI fully supplied plain terms plain terms int. See ins	(a) Trade, profession or particular kind of work (b) General nature of industry	acuti Bronelio-Jumen
NO No retar	Dusiness, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory JOULULIS Secondary (Duration) yrs mos de
MARGIN TH UNFADI should be ce se of DEATH	10 NAME OF FATHER TILLEN Schild Knedatt. 11 BIRTHPLACE OF FATHER	(Signed) M. D. M.
CAU CAU	(State or country) A. 12 MAIDEN NAME OF MOTHER 10 Let South	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
of Inform	13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the State yrs mos ds State yrs mos ds where was disease contracted, if not at place of death?
ITE tem sho ent	(Informant) Allen Schildkneck.	Former or usual residence 3 5 6 S. Cannon If ve
BEvery I's	(Address) Filed 3 76- 1923/16 Marsh Bowers Registrar	TIGGLYSTOWN, TITA MADDRESS ADDRESS ADDRESS ADDRESS
10 y Lay 17		r, 16 W. Saratoga St.) Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process. Wom-laborer, Farm laborer, Laborer—Cool mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. worked on may form part of the second statement. For many occupations a single word or term on For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> Mapproved by Committee on Nomenclature (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., oi ... (name origin; "Cancer" is lcss definite; avoid Never report mere symptoms or terminal condior intercurrent) affection Chronic and consequences (e. g., sepsis, etc. The contributory valvular heart need not disease;

data is essential and must be obtained before the certificate is permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and a'l questions

American Medical Association.)

3

	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 113	631
1. PLACE O				10 3/	
County		ort Md		112 Sejstantan Dist. No. 30	
Village	Williamsp	,016 Mu		No. 1 dt Quality of the state o	Ward
Length of re	sidence in city or town where o	death occurred			
2. FULL NA	ME Mary El	len Sch	nebly		
		anart	wa.	St., Ward.	
	nce: No. William	The second secon		If nonresident give city or town and	1 State
	VAL AND STATIST			MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
3. SEX Temale	4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word)	March247. 1931	193.
5a. ff married, wido	wed, or divorced	1 011181	C	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Year)
HUSBAND of (or) WIFE of				22. Meh HEREBY CERTIFY. That I attended	
	A	05 306	^	1981 to 1991 1991	, 19 3.5
	(month, day, and year) A W &	1	If LESS than		; death is said
68	6	Days 27	1 day,hrs.	to have occurred on the date stated above, at 5 - 30 A - nt. The PRINCIPAL CAUSE OF DEATH and retated causes of Importance were as follows:	
8. Trade, prof	ession, or particular	A 2 2	or min,	were as rollows: Plenting Light Dido	Date of onset
	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc.				16 mdg.
9. Industry or work w	business in which as done, as SILK MILLS ch ILL, BANK, etc.	ool Tea	cher		
1D. Date decea	sed last worked at 1931	11. Totat t	lma (years)		
	upation (month and ar 1		nt in this yrs.	Dther Contributory Causes of Importance:	
12. BIRTHPLACE (ity or town) Maryl untry) William	and		Cy hawker	20 male
		hnebly	la l		
13. NAME	ATTICE -				
14. BIRTHPLAC	E (city or town) Will	iamspor	t-Md	Name of operation Oate of	len
	AME			What test confirmed diagnosis?	
Ξ	E (city er town) Mar	ne Holl	man	Accident, sulcide, or homicide?	
State	or country)	A Talle		Where did Injury occur?	,
17. INFDRMANT	dies astie 3	chnably		(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	ite) LACE,
(Address)	Williamsnor			•	
	TTON, OR REMOVAL	- Date	19	Manner of injury	3
	Albert Test		4	Nature of Injury	no
19. UNDERTAKER	Albert Leaf Williamspon		1	If so, specify	
20 5110 //6	32/27.21167	O. Pier	Kard	(Signed) Wollenadron	M. D.
20. 11.07764	orlay, sur les		Registrar.	(Address) William fort Md	
	7.4		11 0 -		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	d (1)
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	IA	A	į	4	ĺ	E	ĺ	Į	J]	,	1	3	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	3	7	7	7	3	3	7	7	7	7	7			(1	Ĭ]	5	763	6	ľ	5		balen	ŀ	1	1]		-	ľ.)		3	I		3	76	Ľ]	[1	P		Ç	E	I		1	V	1]	C	I	4.	I	7	ľ	Ĭ	3	1	2	1	ľ	7	, "	3	3	5	5	6			L	₹	R	H		S.	0	F]	I	1	ŀ]	1	ľ	I	1	F	2	8		Ì]		J	J]]		ĺ	Į	Į	1	1		7	0	1	F	F]				-	?
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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screaul, Cook, Housentaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (16 or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many

Typhoid fever (never report "Typhoid spinal meningitis"); Diphtheria avoid use of "Croup" ed term for the same dise se. Examples: Cerebrospina to time and EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis fever (the only definite synonym is "Epidemio cerebro pneumonia, Bronchopneumonia causation, using always the same accept ("Pneumonia, Pneumonia");

APR

"PUERPERAL septicacmia," "PUERPERAL perilonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarconui, etc., of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the Recommendations on statement of cause of as fracture of skull, "Atrophy," "Collapse, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid for malignant neoplasms); Measles; Chronic and consequences (e. g., sepsis, Example: Measles (disease ," "Coma," "Convulsions, valinular heart disease; etc. The contributory not be

BURE Annually fled. If this certificate is looked over thoroughly and a language in detail, it will prevent further correspondence. certificate is looked over thoroughly and a l questions obtained before the certificate is

P		PHYSI-
	CORD	d EXACTLY,
NDING	UNFADING INKTHIS IS A PERMAN F CORD	uld be carefully supplied. ACE should be stated EXACTLY, PHYSI-F DEATH in plain terms so that it may be properly classifled. Exact
MARGIN RESERVED FOR BINDING	IS IS A PE	led. ACE shins so that it
RESERVE	G INKTH	ofully suppli
MARGIN	UNFADIN	F DEATH

PLACE OF DEATH	STATE OF MARYLAND
County Mashing ton	CERTIFICATE OF DEATH
WITTIN CORPORATE LIMITS OF	Registration Dist. No. 302
Village or City Hageystown (No. 49 WC)	St.: Ward) (If death occurred in a hospital or institu- tion, give Its NAME in- stead of street and
2FULL NAME MULLY TO hoo	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MY WIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Bd 101879	Marl 9 193/ 10 Mary 9 , 193/,
(Month) (Day) (Year)	that I last saw h
7 AGE [If LESS than I day hrs. S \ yrs. \ \ \ mos. \ 30 \ ds. \ or \ min.?	and that deeth occurred on the date stated above, at 30 7 m. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work OYEY	aufua Pectoris
(b) General nature of industry business, or establishment in	(Duration) yrs. mos & Asse
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Durstion) yrsmosds.
10 NAME OF FATHER	(Signed) MD Campbell M. 9
II BIRTHPLACE	Mar 10.198 1. (Address) Angerstown Mil
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Myriam Foltz,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of death yrs mos ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Penton Shoop.	Former or usual residence 4 9 YY Church ST
(Address) Hazenstown III	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 3-//- 1923 / Charthowers	20 UNDERTAKER ADDRESS TILS CALL Main Macorstown
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more present of the laborer, Farm laborer, Laborer—Coal minc, etc. Womlaborer, Farm laborer, taborer—the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure, fraction," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic etc. The contributory affection valvular heart disease; need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Si-	PLACE OF DEATH	03635 STATE OF MARYLAND
M) FX	County Chashington	GERTIFICATE OF DEATH
6.5	WITHIN CONFERATE LIMITS OF	Registration Dist. No. 302
EXACTL EXACTL by classiff	Village or City Cag Notours No 31 1. 2FULL NAME William Ho.	Hullery St.: 4 Ward) Consider the street and the s
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
e e e o r	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WLOOWED.	16 DATE OF DEATH
IAN Id b	Wale write Transied	3 (Month) 15 (Day) 3/ (Year)
ERW Hour t me	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
A P CE thingt I	(Month) (Day) (Year)	that I last saw han alive on 3/15
FO IS	7 AGE If LESS than	
HIS HIS ms wastr	63 yrs. mos. O ds. or min.?	The CAUSE OF DEATH * was as follows:
RVE	8 OCCUPATION (a) Trade, profession or	with cerebral hemorrhage
INK INK	particular kind of work (b) General nature of industry	
R G Fre	business, or establishment in which employed or (employer)	Contributory aunular Fi Exiletia
ADII ATH Mpo	9 BIRTHPLACE (State or country) . ///	Contributory Secondary
NFA NFA d be DEA	10 NAME OF O WAY LAND	(Duration) yrs mos do
MAM H U H OF	11 BIRTHER BUILD Slick	3/17 BI (Address) 170WWashington
Ion she	State or country) Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Y, mati	of MOTHER Of MOTERALE Days &	Name of the second seco
of total	13 BIRTHPLACE OF MOTHER	At place of death yrs
. 1 50	(State or country) Cury Laux	of death yrs inos ds. State yrs inos ds. Where was disease contracted, if not at place of death?
tem or should ent of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
RITI Item S sh	(Informant) TWEAL A. Delecte.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
WR Every II CIANS	(Address) 3/11. Mullery St	Rose Holl 3/18. 19 3
S. F.	15 Filed 3-18- 1931 brost Bowers	20 UNDERTAKER ADDRESS
i (7°)	Registrar	Musuler love Hagen in
	If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Physician, Compositor, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on Farm laborer. At Home, and children, not gainfully em-For persons (b) Automobile factory. The material Luborer-Coul mine, etc. Wom-Architect, who have no occupation Locomotive engineer, The ques-Grocery;

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria avoid use of "Croup"; Typhoid fever never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

22 American Medical Association. approved atie), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronelopneumonia (secondary), use of "Tumor" for malignant neoplasms); Recommendations on statement of cause of carbolic acid - probably suicide. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always quality all Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by Committee on Chronic The nature of the injury, etc. The contributory valvular heart discase; Nomenclature Measles;

If this cartificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

AFR 6 1931

sor - sor	PLACE OF DEATH	STATE OF MARYLAND
(W) XX	County Washington	G3-C) CERTIFICATE OF DEATH
, , e	WITHIN COMPORAD LIMITS OF	Registration Dist. No. 302
ORD XACTL classif	Village or City Magerstown (No. 115 1) Y	OadWay St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
O M ZE	2FULL NAME Grace Lehmar	Shecken berger, stead of street and number.)
T statec prope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
0 00 4	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MAY (C.) WIDOWED, OR DIVORCED	16 DATE OF DEATH TITQYCH 18, 1931
RMA may n bad	6 DATE OF BIRTH	(Month) (Day) (Year)
BIII PE sh	Tune lo , 1871 (Month) (Day) (Year)	March 26, 1930 to March 18, 1931, that I last saw her alive on March 3, 1931,
IS A So the uction	7 AGE If LESS than	and that death occurred on the date stated above, at m.
	59 yrs. 9 mos. 1 ds. or min.?	The CAUSE OF DEATH * was as follows:
S L 55%	s occupation (a) Trade, profession or Housewile, particular kind of work	Chrone Myseardosed
RESER VG INK efully s in plain tant. S	(b) General nature of industry business, or establishment in	(Durstion) 3 yrs nos de.
2 5 5	which employed or (employer)	Contributory Chronic Myseardosia
FAI Pe	(State or country)	(Durstion) 3 yrs mos do.
> 5=>	FATHER Christian Lehman	(Signed) Man. 18, 1931 (Address) Hagerstown Ms.
SE N IS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
ation CAU	R 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
20 E	of MOTHER OYUE len 11: delle Kaux	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
Inform state ccupy	OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
F P	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
WRITE y item NS sho	(Informant) Denton H. Sneckenbarger	Former or usual residence
WR.	(morman) ~ EVI 10 11 13 1 12 1 13 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
WR Every is CIANS	(Address) PHLACES OF THE	20 UNDERTAKER ADDRESS ADDRESS
CZ M	Filed 3-19- 193 Bhash Bowers Registrar	H.K. Coxxman Kagerstown
BrBell.	If more bianks are needed, address State Registrar	, 16 W. Saratoga St.) Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (r state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been change work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day As examples : (a) (6) Grocery

spinal meningitis"); Diphtheria (avoid use of "Croup") Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia") fever (the only definite synonym is "Epidemic cerebro ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respec pneumonia, Bronchopneumonia ("Pneumonia,

> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorffage," "Shock," "Shock," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial ncphritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need Chronic etc. The valvular heart disease Nomenclature of the contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Washington	GERTIFICATE OF DEATH Registration Dist. No. 3 0 2
Village or City Tectersburg (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Daniel Maur	ice Swodderly stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale White (Write the mord)	16 DATE OF DEATH March 13, 198. (Month) (Day) (Year)
6 DATE OF BIRTH Inarch 2 1861	17 I HEREBY CERTIFY, That I attended the deceased from Here 13 1930 to March 13 , 193/.,
(Month) (Day) (Year)	that I last saw h / alive on Morch 13 , 192 / ,
7 AGE IF LESS than	and that death occurred on the date stated above, at 425, m.
70 yrs. — mos. // ds. or min.	The CAUSE OF DEATH * was as follows:
10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF OF MOTHER (State or Country) 13 BIRTHPLACE (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) (Duration) (Signed) (
(Address) Leitersburg md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 3/14 1921 Jehwishand Registras	20 UNDERSAKER Sove Soy Mayneston
If more blanks are needed, addre.s State Negistras	7, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Te

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The queser," etc., without more known and mine, etc. Wom-laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a especially in industrial employments, it is necesspecifically the occupations of persons ensingle word or term on

Stretement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E:haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condist_ted unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicidc; Poisoned by tions, such as "Asthenia," "Anaemia" (merely symptomtetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be ess important. Example: Measles (disease Committee on valvular heart disease; etc. The Nomenclature contributory

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Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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Statement of Cause of Death—Name, first, the Diagrams of Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: "Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) atic), use of "Tumor" (Recommendations on statement of cause of death tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Chronic interstitial nephritis, inges, peritonacum, etc., Carcinoma, Sarcoma, etc., o unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," ("Uraemia," "Weakness," etc., when a definite disease causing tetan(us) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as (secondary or intereurrent) approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation can be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi death), 29 ds.; Bronchopneumonia (secondary), name origin; "Cancer" is less definite; avoid cough; Committee on for malignant neoplasms); Chronic valvular heart disease, Example: Measles (disease affection need not be etc. The Nomenclature contributory was under-Measles;

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very item of information should be carefully supplied. ACE should be stated EXACTLY, P	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified.	statement of OCCUPATION is very important. See instructions on back of certificate.
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OF MOTHER (State or Country)

1PLACE OF DEATH	63639 STATE OF MARYLAND
County Crashington	CERTIFICATE OF DEATH
	92
10	Registration Dist. No. 315
Village or City Deserola (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Eliza Jane S	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 MARRIED, WILDOWED	16 DATE OF DEATH March. 15", 1931.
Just White (Write the word)	(Month) (Dsy) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
TATALIAN - 13 1845	aug 4" 1930. to mar. 15-11, 1931,
(Month) (Day) (Year)	that I lash saw h & alive on ang 22 , 1920,
7 AGE [If LESS than	and that death occurred on the date stated above, at
85 yrs. 4 mos. 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	Chrome mysendetis
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs, mos ds,
2	Contributory
9 BIRTHPLACE (State or country) Maryland	Secondary (Duration)yrsmosds.
10 NAME OF	(Signed) & Tourist Make, M. D.
FATHER Christian Hoover	ma 15 31 was Bangleons. Ind.
O II BIRTHPLACE OF FATHER	*State the l'isesse Causing Death, or, in deaths from
Z (State or country) / aveland	Violent Csuses, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME S	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a Unavecto gargnes	ients or Recent Residents)
13 BIRTHPLACE	As also

At place of death. In the State. Where was disesse contracted, if not at place of doa.h?.....

Former or usual residence

20 UI

BURIAL OR REMOVAL

AOORESS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Gaak, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every whatever, write Nonc. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer report specifically the occupations of persons en-Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation Automobile factory. The material person, irrespective of 9 Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept; ed term for the same disease. Examples: Cerebrosymal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid uso of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,"

> (Recommendations on statement of cause of death approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease valvular heart disease; etc. The contributory Nomenclature Measles;

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PHYSI-	PLACE OF DEATH County (Mashington)	93-c STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 3.0
CORD EXACTLY ily classific ificate.	Village or City Ocust Libera Jan	St: Ward) (If death occurred is a hospital or institution, give its NAME in stead of etreet and number.)
stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MAN MAN ay be pre	Jenale Tolor or RACE 5 STREETS, WIDOWED, Widowed OR DIVERSED (Write the word)	16 DATE OF DEATH March 2, 193/
R BINE A PERM CE shoulhat it me	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2 193/ to March 2 193/ that I last saw her alive on March 2 , 193/
VED FO-THIS IS ppiled. A erms so tellostruct	7 AGE S 4 yrs. S mos. 7 ds. or min.?	and that death occurred on the date stated above, at
SER INK-INK-III su ilain t	(a) Trade, profession or particular kind of work (b) General nature of industry	Unnie Myscarditis.
NG NG In	business, or establishment in which employed or (employer)	(Duration)ytede.
UNFADIR	9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Duration) The property of the proper
E O S	11 BIRTHPLACE Ohn Hutgell	(Signed) W. M. D. March 3 1954 (Address) Boonsborg, mg
CAUS	OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Informa state sccupa	OF MOTHER 13 BIRTHPLACE OF MOTHER	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) At place In the Stateyrsmosds.
Pla to page	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
WRITE P	(Informant) Mrs. Duriel Shyde	Former or usual residence.
WR Every it CIANS	(Address) Locust Grown Md.	Douston Centary March 5. 1931
B	Filed 3-3- 1981. Emma L. Gourfier Defuly Registrar	20 UNDERTAKER Booustono Browstono
2	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by Committee on carbolic acid-probably suicide. The nature of the injury, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping Examples: Accidental drowning; Struck by railway train-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory affection need valvular heart Nomenclature Always qualify all not be

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V. S. No. 1

1PLACE OF DEATH	93632 STATE OF MARYLAND
County Wash not trove	CERTIFICATE OF DEATH
WITHIN COUPONATE LIMITS OF	Registration Dist. No. 302
Village or City Haverstone (No. Washing Low	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVERSED (Write the water)	16 DATE OF DEATH (V) 192 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Mohh) (Day) (Year)	that I last saw been alive on 11 24 14 1927
7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, at
occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
9 BIRTHPLACE (State or country) maryland	Contributory Secondary (Duration) mosde
10 NAME OF Albert Survey	(Signed) M. D. 9-/6 19/ (Address) 4-3 culturally
OF FATHER C (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER CONTRACT 13 BIRTHPLACE OF MOTHER 14 OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of death yrs mos ds.
(State or Country) May loud 14 THE ABOVE IS TRUE TO THE JEST OF MY KNOWLEDGE	Where was disease contracted, Valley Votel - Hagistone if not at place of death
(Informant) Marion & Suman	Former or usual residence Sumans It V2,
(Address) 740 gentoen my	Rose Hell squaty march 17, 1931
Filed 3-16 193 (blast Bowers) Registrar	AK bifferom Hayerstone
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH

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7	1	13	K	-4	
1					1

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 30 Z

ADDRESS

on (No. 24 East	St.: H Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B SINGLE, MARRIED, 1 NY WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH TTO Y 1
(Ch 6, 193)	17 I HEREBY CERTIFY, That I attended the deceased from 197'. to 7 199, that I last saw barn alive on 5 16 7, 192,,
lf LESS than l day hrs. or min.?	and that death occurred on the date stated above, at 2 30 Pm. The CAUSE OF DEATH * was as follows:
ne	
	(Durstion) yrs. mos. ds. Contributory Secondary (Durstion) mos. ds. (Signed) M. D.
F. I humma	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
MT. Souders	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmosds. Where was disease contracted, if not st place of death?
F. Thumma	Former or usual residence 24 Fast The 32 Floor.
1.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomolive engineer whatever, write None. Foreman, or For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation Form laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

aecident; Revolver wound of head-homicide; Poisoned by "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid corbolic acid-probably suicide. The nature of the injury, taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Coreinoma, Sarcoma, etc., o Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by " "Heart failure," "Haemorrhage, Committee on Example: Measles (disease volvular heart disease; Nomenclature

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FOR BINDING

IARGIN RESERVED

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03642
1. PLACE OF DEATH	940
County Nashington	Registration Dist. No. 30 2
Village or City	No. 64 Madda Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME SLOTGE YM (a) Residence: No. 6 4 Malson (Usual place of abode)	Se St., 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Natural	21. DATE OF DEATH Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, day, and year)	lest saw h. Line elive on 7 5 h 25 193/ ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 1.30.4m.
59 unknown 1 day, h	THE I KINCH AL CACOL OF BEATH CHARGE COURSE OF THE POST OF THE POS
	augua Pectoris Date of onest def/30
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Dattmabulg	7 1/2
(State or country)	Bunchag Orthma 7431
13. NAME / sugamott	
14. BIRTHPLACE (city or town) Infantanous	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UNKNOWN	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Das Musan Julyanis	(Specify city or town, county and State) (Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Somand Sloken, W. Ve Date M. Car. 3, 1965	Menner of injury
19. UNDERTAKER TREM MX XX aus (Address) Hagerstain, Ma	24. Was disease or injury in eny way related to occupation of deceased?
20, FILED 3-2 (193/ Blast Bower Registrar.	(Signed) N. G. Govelor M. D. (Address) Hazerlown

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 doys ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Jamblein

Mary

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupationstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specimeanner, laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Forcman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need Chronic etc. The contributory valvular heart not be disease;

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REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.

er," etc., Withous laborer, Laborer—Coat nums, laborer, Farm laborer, Laborer—Coat nums, at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If refired from business, that fact may be indicated thus; Furner (re to report specifically the occupations of worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, For many occupations a single word or term on or At Home, and children, not gainfully em-Stationary fireman, etc. person, irrespective of Locomotive But in many persons engineer,

spinal meningitis"); Diphtheria avoid use of "(roup to time and causation), using always the same accepted term for the same disease. Examples: Corebrospina EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis Typhoid fever (never (the only definite synonym is "Epidemic cerebropneumonia, Bronchopncumonia report "Typhoid Pneumonia" ("Pneumonia,

> American Medical Association.) ". Exhaustion,"
> ". Inanition," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopucumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as "Marasmus," "Old Age," "Shock," for malignant neoplasms); Chronic Example: Measles (disease affection need not be etc. The contributory valvular hcart disease; Nomenclature Measles ; death

chis certific aswered in detail, data is essential a permanently filed If this certificate is looked over thoroughly and all questions vered in detail, it will prevent further correspondence. All the is essential and must be obtained before the certificate is

1931

SF 3	41		(1.164)
3	+ to	PLACE OF DEATH	STATE OF MARYLAND
TRA	Exac	a Thanki at	CERTIFICATE OF DEATH
S VIII	ā .	County Washing the	267
31	, e	AITEIN CORPORAT NICIONIO	Registration Dist. No.
ORD	CACTL classifi ate.	Village or City Magus Towne (No. 605 - 71.	Mullerry, St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an
, j	Fice	2FULL NAME John C., ((olf number.)
	stated EXAC properly cla	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	prof	3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATHWEAK 18 , 1931
2 2	ok ok	OR-DIVORCED	
MA	ould may n bag	Male White (Write the word)	(Month) (Day) (Year) (17 I HEREBY CERTIFY, That I attended the deceased from
FR	t m	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
B PI	(n _ (n	amary - 13-, 1863	244 10 21
₩ <	ACE that ctlons	(Month) (Day) (Year)	that I last saw h Asa alive on
15	Aoriot		and that death occurred on the date stated above, at 2 44 A. m
S	S &	/ & 2 .3 1 day hrs.	The CAUSE OF DEATH * was as follows:
HH	in the	(90 yrs mos ds. ormin.?	D. A. S. S.
2 [uppli term	(a) Trade, profession or	Jugua Vecerso
SER NK-	ain s	particular kind of work Cabenet Maken	
ES	30E	(b) General nature of industry business, or establishment in	(Duration) yrs, mos de
R 5	5.55	Which employed or (employer)	Contributory
ZO	ATH in	9 BIRTHPLACE (State or country)	Secondary
NEAD	EA T	(Mary and	Duration yrs
ARGIN	ory o	10 NAME OF TO. 01	(Signed) M. D.
ΣŢ	OF S	11 BIRTHPLACE Tacob Wolf	Musy 8 1931 (Address) Haglestaux
Ē	w m	OF FATHER	*State the Disease Causing Death, or, in deaths from
	CAU	Z (State or country) mary and	Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
LY,	Eod	of Mother Ellen albaugh	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)
	infor state ccuj	13 BIRTHPLACE OF MOTHER	At place in the of deathyrsmosds. Stateyrsmesd
LA	+ 00	(State or Country) Wareland	Where was disease contracted,
۵	0 E C	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
田田	223	7	Former or usual residence
WRIT	300	(Informant) Mrs. J. a. Wolf.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
8	Every CIAN stater	(Address) Hagerstown Md. 605 U. Willer	
9	m 0 0	15 51 3-19- 103/ 10/18/ Homes	20 UN DERTAKER ADDRESS
31)	m	Filed 7 Registrar	(U: O. Dast Today Doonstons
-	-	If more hanks are needed address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

- 1 - 2 T

md.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiluria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar gneumonia, Bronchopneumonia ("Pneumonia,")

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PLACE OF DEATH	CERTIFICATE OF DEATH
Man Cl mad	Registration Dist. No. 3 60
Village or City Charfy bury. F Zin	St.: Ward) St.: Ward) A hospital or institution, give its NAME in stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. 4 COLOR OR RACE 5 SINGLE. MARRIED. Marriad WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 /7 , 193 (Month) (Day) (Year)
6 DATE OF BIRTH Fully 22, 1874 Monthly (Day) (Year)	that I last saw him alive on All b. 193
7 AGE [If LESS than	
56 yrs. 8 mos. 5 ds. or min.	
8 OCCUPATION (a) Trade, profession or Laborer	Julustor of the Blain =
(b) General nature of industry	
which employed or (employer)	Contributory (Duration) yrs de
9 BIRTHPLACE (Ntate or country)	Secondary Souration Dyson and
10 NAME OF Frank Limmerman	(Signed) flatter from Miles (Signed) flatter from Miles (Address) Shurphing flat
OF FATHER (State or country) 12 MAIDEN NAME (State or Country)	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER WMCnown	18 LENGTH OF RESIDENCE (For Lospitals, Institutions, Transients or Recent Residents)
13 EIRTHPLACE OF MOTHER (State or country)	At place of death yrs
THE ABOVE IS THOSE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
(Address) Starfsburg ma	Thanks burg had mar 19. 1931
15 Filed Mar. /8 198/ Tell Duysex Registral	Ch Suman + Co Karolygville
If more banks are needed, addross State Registrar	r, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupition is very important, so that the relative health. state occupation at beginning of illness. If retired from en at home, will are engaged in the duties of the Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Statement of Occupation - Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Servent, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, the first line will be sufficient, e. g., Farmer or Plonler, over Furm laborer, Foreman, (b) Automobile factory. The material engineer. Stationary fireman, etc. But in many For many occupations a single word or term on or At without more precise specification as Doy Compositor, Architect, Locomotive engineer, Home, and children, For persons who have no occupation If the occupation has been changed Laborer--Coal mine, etc. not gainfully em-(b) Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only delimite synonym is "Epidemic cerebrospinal menin itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Ambrican Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonosum, etc., Curcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, telenus) may be stated under the head of "contributory" "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uruennia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suscide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PJERPERAL seplicaemia," "PUERFERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Examples: Accidental drowning; Struck by railway train-"Atrophy " "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJUNY Committee on valantar heart disease; etc. Nomenclature The contributory Always qualify all Measles;

If this certificate is I oked over thoroughly and a.l qu tions where din detail, it will prevent further correspondence. he die it essential and must be obtained before the certificate is permanently filed.